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ABSTRACT

In response to a Virginia legislative mandate, this study examined the use of Child Study Committees (CSCs) for identifying and assessing the educational needs of children with attention deficit disorder (ADD). The study reviewed a 1986 Department of Education policy document on child studies and conducted a telephone survey of elementary, middle, and secondary schools to determine how CSCs function, especially in reference to students with ADD. The study resulted in a revision of the child study document. The new document conceptualizes the CSCs as a school-wide committee to address the needs of all students. Procedures recommend that there be only one request for assistance form, that the CSCs be able to access other school and/or community services, and that the CSCs not conduct its own student evaluations to determine student eligibility. Overall study recommendations focus on adoption by the Department of Education of the new procedures document, staff development concerning these procedures, implementation at pilot sites, and the CSC's specific role. Appendices comprise much of the document and include the legislative resolution, an outline of the original procedures document, the complete text of the revised document (as well as field review responses), telephone survey data, and intervention resources. (D)

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ED 376 645

REPORT OF THE
DEPARTMENT OF EDUCATION ON

Assessing the Proper Use of Child Study Committees

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

HOUSE DOCUMENT NO. 29

COMMONWEALTH OF VIRGINIA
RICHMOND
1994

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Superintendent of Public Instruction

December 9, 1993

The Honorable L. Douglas Wilder
Governor of Virginia, and
The General Assembly of Virginia
3rd Floor, State Capitol
Richmond, Virginia 23219

Dear Governor Wilder and Members of the General Assembly:

The report transmitted herewith is pursuant to House Joint Resolution 469 of the 1993 General Assembly of Virginia. This resolution requested the Department of Education to examine the use of child study for identifying and assessing the educational needs of children with attention deficit disorder (ADD/ADHD) and report its findings and recommendations to the 1994 session of the General Assembly.

Respectfully submitted,

Joseph A. Spagnolo, Jr.
Superintendent of Public Instruction

PREFACE

The 1993 General Assembly House Joint Resolution No. 469 requested that the Virginia Department of Education (VDOE) examine the use of child study for identifying and assessing the educational needs of children with attention deficit disorders (ADD). This request resulted from concerns raised that the Child Study Committee (CSC) was used to determine eligibility to special education testing and placement, that the CSC was not addressing the needs of students with attention deficit disorders, and that the proposed guidelines for child study developed by the VDOE had not been finalized. This legislative study, sponsored by Delegates Shirley F. Cooper and J. Paul Councill, Jr., specifically asked the VDOE for a study that would review and revise, if necessary, the current proposed guidelines for child study. These guidelines were to define the purpose of child study and provide information and guidance to school personnel on assessing the needs of children with ADD.

After careful review and discussion with the sponsors of this legislative study, it was agreed that it was necessary for this study to be broader and would examine the way the CSC functions in Virginia. The CSC is not disability specific; it functions to assist all students having problems in school. Additionally, the study looks at how the CSC is addressing the needs of children with ADD or suspected of having ADD.

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Thanks go to the team members who assisted in the review of the 1986 child study document and in the CSC telephone survey. Special thanks goes to Dr. Karen Rooney, Director of the Learning Resource Center, who with assistance from the team members, developed and edited the document, Procedures For Child Study Committees Operating In Virginia. Dr. Rooney also reviewed and analyzed the comments and suggestions from the field review that resulted in changes and additions that are reflected in this document. Finally, the team wishes to express its thanks to the chairs and members of CSCs in public schools, members of the State Special Education Advisory Committee, school division special education directors, and VDOE staff who reviewed and responded to the field draft.

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EXECUTIVE SUMMARY

The 1993 General Assembly House Joint Resolution No. 469 requested that the Virginia Department of Education (VDOE) examine the use of child study for identifying and assessing the educational needs of children with attention deficit disorders (ADD). This request was a result of concerns raised that the Child Study Committee (CSC) addresses eligibility to special education testing and placement, that the CSC was not addressing the needs of students with attention deficit disorders, and that the proposed guidelines for child study developed by the VDOE had not been finalized. This legislative study, sponsored by Delegates Shirley F. Cooper and J. Paul Councill, Jr., specifically asked the VDOE for a study that would review and revise, if necessary, the current proposed guidelines for child study. These guidelines were to define the purpose of child study and provide information and guidance to school personnel on assessing the needs of children with ADD.

After careful review and discussion with the sponsors of this legislative study, it was agreed that it was necessary for this study to be broader and would examine the way CSCs function in Virginia. The CSC is not disability specific; it functions to assist all students having problems in school. Additionally, the study looks at how the CSC is addressing the needs of children with ADD or suspected of having ADD.

To this end, an interdisciplinary team including individuals representing child study committees, regular education, special education, pupil personnel services, parents, and others interested in CSC and ADD developed and carried out the study. To complete this study, the team:

- reviewed the 1986 VDOE document, A Proposal for Child Study in Public Schools in the Commonwealth of Virginia; and

- conducted a telephone survey of a representative sample of elementary, middle and secondary schools to determine how the Child Study Committees function across Virginia and to determine what services are provided by the CSC for students with or suspected of having ADD.

It was the consensus of the interdisciplinary team that the guiding principles for the team as it reviewed the 1986 child study document and the current functioning of the CSC in Virginia should:

- be child centered,

- address the needs of children at-risk educationally and children having problems in school,

- emphasize the child's abilities as well as educational needs,

- emphasize the child's needs, not the characteristics of a given label,
- involve parents from the beginning,
- recognize the expertise of everyone in the child's environment,
- be based on "best" practices, and
- meet all legal requirements.

After reviewing the 1986 VDOE child study document, using the above guiding principles, the team had several concerns about the process and procedures recommended in this document:

- The process and procedures presented three distinct levels, including Child Study Committee, Identification/Placement Committee (gifted students) and Special Education Eligibility Committee (students with disabilities), and External Agencies, which, while related, were presented as a three-tier approach. The student needed to go through each level, one at a time, to access the services at each level. The team believed that the CSC should meet the needs of all students and should be able to access other school and community services and programs as a part of a student's intervention plan. Thus, the team members believed that the functions and limitations of the CSC and its relationship to other school and community services and programs needed to be defined as a single level of services. This would simplify the process and allow the CSC to develop plans to meet the varying needs of individual students.

- There are CSC procedures in the document that are contrary to the current state regulations. For example, the document states that the principal or designee, upon receipt of a request for assistance and after a conference with the referring source, could terminate the process before the CSC meeting. Also contrary to state regulations, the CSC during its meeting could assign a committee member or other school personnel to conduct educational assessments for CSC to consider at another scheduled meeting of the CSC. These assessments, as described in the document, would assist the committee in several ways including the determination that the CSC suspects or does not suspect a disability. This function is tantamount to determining whether or not a student has a disability which is not the function of the CSC. This is a function, under state and federal law, of the school's Special Education Eligibility Committee.

- The procedures are cumbersome. There were two separate procedures for requesting assistance of the CSC: one if the referring source was a teacher, and another if the referring source was a parent. Yet, there was no recommended procedure if the referring source was someone else other than the student's parent or the student's teacher. Anyone can make a request for assistance to the CSC including the student. The team believed that there needed to be a single process for requesting assistance of the CSC regardless of the referring source.

- The procedures seemed to imply that the CSC must try several interventions before the CSC could refer a student for other programs and services, including a referral for evaluation to determine eligibility for special education and related services. This could result in a delay of several months before a student suspected of having a disability is referred for evaluation.

However, on the positive side, the document did provide procedures for gathering information after a request for assistance was made and before the CSC meeting was held that were useful. This included the review of the student's current educational records, interviews with the parent and, if appropriate, the student, which the team believed should be incorporated into any final CSC guidelines.

A telephone survey of 150 elementary, middle and secondary schools was conducted by team members in order to determine how the CSCs function across Virginia and to determine what services are provided by the CSC for students with or suspected of having ADD. Responses were received from 148 schools, a 98.7% response rate. Approximately 75% of the respondents described the function of the CSC as being a problem-solving committee to address the individual needs of a child and that the CSC should review the strengths and weaknesses of the child as it determined ways to address the child's needs. Approximately 77% of the respondents indicated that they invited parents to attend the CSC meeting. However, only 47% reported a parental participation rate greater than 50% at the meetings held. Additionally, about 75% of the respondents saw the CSC as a general education function as compared to a special education function while 18% felt it was a function of both. Thus, about 93% of the respondents see the CSC as being a regular education function. It should be noted that currently the CSC is regulated by § 3.2, C. 3.- 5. of Virginia's special education regulations. Thus, the CSC should be defined and regulated by the state's general education regulations.

The importance of the CSC in developing an intervention plan to address the problem(s) of the child was supported; approximately 87% of the respondents noted that their CSC develops intervention plans to be implemented by school personnel. Yet, about one third of the respondents noted that they develop an intervention plan for less than 50% of the students referred to the CSC while approximately 45% of the respondents noted that they develop a plan for 90%-100% of the students referred to the CSC. If an intervention plan was developed, about 83% were reviewed by the CSC on a regular basis to determine the results of the intervention plan. These reviews occurred on the average of three to four weeks after the intervention plan had been developed and implemented.

Approximately 76% of the respondents noted that they have had students with a diagnosis of ADD referred to their CSC. Also, about 74% of the respondents believed that students with a diagnosis of ADD should be referred to the CSC. However, only 62% of the respondents indicated that they would develop an intervention plan for these students who were not eligible for services under IDEA or qualified for services under Section 504. These intervention plans were developed, for the most part, by the CSC.

Approximately 95% of the respondents noted that the CSC had received referrals of students suspected of having ADD and approximately 7% of these respondents noted that the CSC could determine if the student has ADD. When asked, "If the CSC suspects that a child has ADD, what does the committee do and/or recommend?" Approximately 38% of the respondents reported that they develop and implement interventions; 55% referred the parent to a doctor, a pediatrician, or a clinic to determine if the student had ADD (usually at parental expense); 26% did some type of screening that may include rating scales (e.g. Conners), educational, and psychological screening; and about 36% recommended referral for full evaluation for special education and related services.

Finally, approximately 71% of the respondents reported that the CSC conducted assessments and/or screenings for the CSC members to consider. The type of assessments and/or screening reported included educational screenings and/or assessments, rating scales, psychological screenings and/or assessments, speech/language screenings, PT/OT screenings, formal and informal reading assessments, and screenings of learning disabilities. Respondents also reported that they used record reviews, student progress reports, curriculum-based assessments, and teacher reports as screening instruments. The purpose of these screenings and assessments as described by the respondents was to make a diagnosis (11%), to develop an intervention plan (37%), to screen before making a referral for special education and related services (35%), to rule in or out a disability (10%), and to define the child problems (28%).

Based on a review of the comments from both the review by the team of the document, A Proposal for Child Study in Public Schools in the Commonwealth of Virginia, and the responses from the survey, the team believed that there was confusion around the Commonwealth about the proper role of the CSC. The team also was concerned that responses to the telephone survey indicated that some CSCs were violating state and federal special education laws. Therefore, the team decided to rewrite the VDOE's child study document and incorporate the procedures for gathering information after a request for assistance has been made and before the CSC meeting. The new document, Procedures For Child Study Committees Operating In Virginia, clearly defines the purpose of the CSC and provides guidelines for the way this committee should function.

This new document conceptualizes the CSC as a school-wide committee to address the needs of all students. The committee is child-centered and facilitates a process that results in the implementation of accommodations, services and interventions that will enable the child to be successful in school. The options to be considered exist along a wide continuum of support. Also, children may be referred to the CSC through a variety of sources but the charge to the committee and

the process to be followed is a consistent one, regardless of the referral source. Simply stated, when a child is referred to the CSC, the committee has the responsibility to review any problems (academic/developmental, behavioral, social/emotional) interfering with the child's performance in school, to brainstorm solutions, to make recommendations to meet the child's needs, and to monitor/review the results of the recommendations.

The revised document clarifies the functions and limitations of the CSC and describes its relationship to other existing programs and services that include: Chapter 1 Programs, Chapter 2 Programs, Family Assessment and Planning Teams, Gifted Education Programs, Programs for Persons At-Risk, Special Education and Related Services Under IDEA and Section 504, Student Assistance Programs, Teacher Assistance Teams, and other programs. The procedures recommend that:

- a request for assistance, regardless of the referring sources, is handled one way; that there is only one request for assistance form;
- the CSC, as a part of the student's intervention plan, may access other school and/or community services and/or programs; and
- the CSC may not conduct its own evaluations and/or screenings to make the determination of whether or not a child has a suspected disability.

The document also notes that the CSC is not a required step in order for a student to access school and/or community services and/or programs. However, the use of the CSC is recommended. Finally, the document addresses the issue of student records and confidentiality relative to the functions of the CSC.

Six recommendations are made as a result of this study:

1. The Department of Education should recommend to the Board of Education that the Standards of Accreditation be amended to include the Child Study Committee as defined in Virginia's proposed special education regulations, Regulations Governing Special Education Programs for Children with Disabilities in Virginia, January 1994.

2. The Department of Education should adopt and distribute the 1993 CSC document, Procedures For Child Study Committees Operating In Virginia, to all public schools, institutions of higher education with teacher training programs, parent resource centers, and other interested parties.

3. The Department of Education should develop an in-service and pre-service training program on CSC to enhance the document, Procedures For Child Study Committees Operating In Virginia, and make this training package available to all public schools, institutions of higher education with teacher training programs, parent resource centers, and other interested parties.

4. The Department of Education should consider pilot sites to implement the procedures for CSC as defined in Procedures For Child Study Committees Operating In Virginia. This will allow the Department the opportunity to evaluate the effectiveness of these procedures and revise them if needed.

5. The Department of Education should clarify through a Superintendent's Memo that the CSC **may not** conduct its own evaluations and/or screenings to make the determination of whether or not a child has a suspected disability. Rather, the CSC should review the existing performance evidence to make that determination. The memo should also stress that the CSC cannot request parents to have their child evaluated at their own expense if the CSC suspects a disability, including ADD. In addition, the CSC **may not** identify a disability. These are issues that may only be addressed through the evaluation process following the referral to the administrator of special education.

6. The Department of Education design and conduct research to increase understanding about the involvement of parents in the CSC process and the development and use of intervention plans.

Finally, since the sponsors of this study agreed that it needed to be broader than the original proposal and examine the way CSCs function in Virginia, there are no recommendations made relative to the identification and provision of services to students with ADD/ADHD only. However, the procedures delineated in the new CSC document, Appendix H, will provide guidance to schools in Virginia in identifying and addressing the needs of these students as well as other students having problems in school. Additionally, the VDOE is in the process of developing a pre-service and in-service training program on ADD/ADHD that will be completed in 1994. It will consist of eight video training modules with written materials and will be distributed to all school divisions, institutions of higher education with teacher training programs, and parent re urce centers.

THE HISTORY AND PURPOSE

The concept of child study was set forth as early as 1977 by Maynard Reynolds at the University of Minnesota. Reynolds suggested that efforts be made to modify instruction in the classroom before a child was found eligible for special services and describes a process for child study in the classroom. In Virginia, the committee that provided this service was commonly referred to as the school's Screening Committee which screened referrals for special education services. The change to the term Child Study Committee was made in the 1980s based on the belief that this committee should not be just a screening committee for special education services, but should provide assistance and support to any child having academic and/or non-academic problems in school. This change in terminology was reflected in the Virginia Department of Education's 1986 document, A Proposal for Child Study in Public Schools in the Commonwealth of Virginia (Appendix B). This proposal presented a concept of a continuum of child study services with three distinct, but related levels of services.

At the first level of services, the Child Study Committee is to focus on instruction, classroom organization, and the performance of the student in the regular classroom. At the second level, the Identification/Placement Committee (gifted education) and the Special Education Eligibility Committee (students with disabilities), the focus shifts to the student. Child study at this level seeks to determine if a student needs a differentiated educational program. The third level of services is the responsibility of agencies external to the school division. This level of services is used when a student's problems are unique or unusually severe and require the skills of specialists other than those normally employed for schools (e.g., a neuropsychologist).

The Proposal presented a process and procedures for the operation of CSCs within public schools (Appendix C). It described child study as a series of data-gathering and problem solving activities undertaken on behalf of a child to provide services to that child. Thus, the goal of child study in schools was to obtain and maintain effective instruction for children.

As a proposal for child study, the document was submitted for review, discussion and critical use by school personnel during the 1987-88 school year. The intent was to obtain recommendations to refine the process and procedures for child study based upon their use and a revised edition was to be developed for distribution.

Still, there has been confusion about the purpose, functions and boundaries of the CSC within the context of other existing committees and/or programs that has caused CSCs to function very differently from school to school. Based on observations of VDOE personnel providing technical assistance in the field, some committees were working as teacher-child assistance teams, others were conducting screenings/evaluations before a child being referred for special education eligibility, and others were functioning only as a special education referral committee where a child had to go through a pre-referral committee before being referred to the CSC. Recently, the issue of how CSCs were being used to identify and to assess the needs of students with attention deficit disorders surfaced.

In response to these concerns, the 1993 General Assembly House Joint Resolution No. 469 requested that the Virginia Department of Education examine the use of child study for identifying and assessing the educational needs of children with attention deficit disorders. This legislative study was sponsored by Delegates Shirley F. Cooper and J. Paul Councill, Jr. It specifically asked the VDOE for a study that would look at how CSCs are functioning in Virginia and review and revise, if necessary, the 1986 proposed guidelines for child study. These finalized guidelines were to define the purpose of the CSC and provide information and guidance to school personnel on addressing the needs of children with ADD.

After careful review and discussion with the sponsors of this legislative study, it was agreed that this study would be broader and would examine the way the CSC functions in Virginia since the CSC is not disability specific, but functions to assist all students having problems in school. Additionally, the study looked at how the CSC is addressing the needs of children with ADD or suspected of having ADD.

THE PROCESS

To accomplish this study, the VDOE established an interdisciplinary team. The team included individuals representing child study committees, regular education, special education, pupil personnel services, parents and others interested in CSC and ADD. The methods used included:

- reviewing of the 1986 VDOE document, A Proposal for Child Study in Public Schools in the Commonwealth of Virginia;
- conducting a telephone survey of a representative sample (150) of elementary, middle and secondary schools to determine how CSCs function across Virginia and to determine how CSCs were addressing the needs of students with or suspected of having ADD;
- analyzing the comments from both the team's review of the document, A Proposal for Child Study in Public Schools in the Commonwealth of Virginia, and the responses from the telephone survey;
- revising, where appropriate, the document, A Proposal for Child Study in Public Schools in the Commonwealth of Virginia;
- reviewing and analyzing comments and suggestions obtained from a field review of a revised or rewritten CSC document from those schools that participated in the telephone survey, the State Special Education Advisory Committee, the Special Education Directors' Council, and the VDOE staff;
- revising the CSC document based upon field review; and
- developing recommendations relative to the purpose and function of CSCs in Virginia.

GUIDING PRINCIPLES

The team developed guiding principles for reviewing the 1986 child study document and the determination of how CSCs should function in Virginia. They are that CSCs:

- are child centered,
- address the needs of all children at-risk educationally and children having problems in school,
- emphasize the child's abilities as well as educational needs,
- emphasize the child's needs, not the characteristics of a given label,
- involve parents from the beginning,
- recognize the expertise of everyone in the child's environment,
- are based on "best" practices, and
- meet all legal requirements.

These principles were established to assist the team in its task to ensure that the purpose of the CSC is clear, that the CSC procedures are simple and straight forward, that the limitations of the CSC are recognized, and that there is a clear understanding of the relationship of the CSC to other programs and services, both in the school and community.

1986 CHILD STUDY DOCUMENT REVIEWED

After reviewing the 1986 VDOE child study document using the guiding principles it had developed, the team had several concerns about the information as well as the process and procedures recommended by this document.

- The process and procedures presented three distinct levels, including Child Study Committee, Identification/Placement Committee (gifted students) and Special Education Eligibility Committee (students with disabilities), and External Agencies, which while related were presented as a three-tier approach. The student needed to be processed through each level, one at a time, to access the services at each level. The team believed that the CSC should meet the needs of all students and should be able to access other school and community services and programs as a part of a student's intervention plan. Thus, the team members believed that the functions and limitations of the CSC and its relationship to other school and community services and programs needed to be defined as a single level of services. This would simplify

the process and allow the CSC to develop plans to meet the varying needs of individual students.

- There are procedures at the CSC level that are contrary to the current state regulations. These include that the principal or designee, upon receipt of a request for assistance and after a conference with the referring source, could terminate the process before the CSC meeting. Also contrary to state regulations, the CSC during its meeting could assign a committee member or other school personnel to conduct educational assessments for CSC to consider at another scheduled meeting of the CSC. These assessments, as described in the document, would assist the committee in several ways including the determination that the CSC suspects or does not suspect a disability. This function is tantamount to determining whether or not a student has a disability which is not the function of the CSC. This is a function of the school's Special Education Eligibility Committee.

- The procedures are cumbersome. There were two separate procedures for requesting assistance of the CSC: one if the referring source was a teacher, and another if the referring source was a parent. Yet, there was no recommended procedure if the referring source was someone else other than the student's parent or the student's teacher. Anyone can make a request for assistance to the CSC including the student. The team believed that there needed to be a single process for requesting assistance of the CSC regards of the referring source.

- The procedures seemed to imply that the CSC must try several interventions before the CSC could refer a student for other programs and services, including a referral for evaluation to determine eligibility for special education and related services. This could result in a delay of several months before a student suspected of having a disability is referred for evaluation.

However, on the positive side, the document did provide procedures for gathering information after a request for assistance was made and before the CSC meeting was held that were useful. This included the review of the student's current educational records, interviews with the parent and, if appropriate, the student, which the team believed should be incorporated into any final CSC guidelines.

CHILD STUDY COMMITTEE TELEPHONE SURVEY

Methodology

The telephone survey, Appendix D, included questions with both closed and open-ended response options. The information gleaned from the survey would be used to describe the CSC functioning for three school types: elementary, middle,

and secondary. Because telephone surveys are resource intensive, not all 1,730 schools operating within school divisions were surveyed. Several factors were considered in determining an acceptable sample size:

- the short time line for completion of the surveys,
- the small number of interviewers available,
- a decision to discuss information by school type (i.e., elementary, middle, and secondary), and
- a decision to allow for adequate geographic coverage (that is, coverage of each of the Superintendents' Study Groups Regions), even though information would not be presented or interpreted by region.

A total of 50 schools was randomly selected from each of the three sampling groups; thus, the total number of schools to be included in the telephone survey was 150. The sampling strategy selected was based on the need to provide a strong picture of the similarities and differences in CSCs within the three major types rather than highly accurate numerical estimates of statewide compliance deviations. Fifty schools were chosen at random to represent the elementary (n=1,166), middle (n=263), and secondary (n=305) groups. Choosing an equal number in each category had the benefit of providing a greater likelihood of representation in each region of the state. If 150 interviews were divided proportionately across the three accreditation groups, the group sizes would be 101, 23, 26 respectively for elementary, middle, and secondary representation. A sample as small as 23 divided proportionately across eight regions will most likely result in one or more smaller regions not being represented within the middle school group. Also, the decision to sample 50 schools of each type was based primarily on time and cost restraints. The results of this survey should be reviewed with caution, giving consideration to the small numbers of schools in the sample.

The telephone survey was conducted by the team members during the months of August, September, and October. Responses were received from 148 schools, a 98.7% response rate. The reasons that two secondary schools did not respond were: 1) the school was new and had no data to provide; and 2) the principal was new, the CSC chair no longer worked at the school, and the principal felt that neither he nor anyone on his staff could respond to the survey.

Results

The following is a summary of the responses to the CSC telephone survey. Tables containing responses to each survey question by total response and responses by school level (elementary, middle, and secondary) are found in Appendix E.

When each school was called, the interviewer asked to speak either to the principal or the person responsible for the school's CSC. Approximately one third of the total responses was principals, one third was assistant principals and one fifth was guidance counselors. Other respondents included regular and special

education teachers and psychologists. It appears that at the secondary and middle school level, the principal is more likely to assign the responsibility of the CSC to either an assistant principal or a guidance counselor. This is supported by the fact that over 50% of the respondents at the elementary level were principals while only about 16% of the respondents at the middle and secondary levels were principals. Approximately 60% of the respondents at the middle and secondary level were assistant principals or guidance counselors.

A majority of the respondents (75%) indicated that the function of the CSC was that of a problem-solving committee for students having problems in school (Table Q 2.1). One third of the respondents believed that the CSC functions as a referral committee for special education services and about 20% see it as a screening committee for special services. There were those who listed the development of student intervention plans (25%) as a CSC function. Others noted that the CSC acted as an eligibility committee for special education, a diagnostic and an assessment committee. Thus, the role of the CSC in individual schools is varied which supports the concerns stated in the purpose of this study.

A majority of the respondents (75%) perceived the CSC as a regular education function (Table Q 3.1) even though it is regulated by state special education regulations. About half of those who perceive it as a special education function believe it should be a regular education function (Table 3.2). This supports the notion that the CSC should also be governed by regular education regulations and not solely by special education regulations.

When the respondents were asked if there were other committees/teams in their building to assist students, approximately 72% (Tables Q 4.1 - Q 4.3) said yes. These teams were described, for the most part, as functioning like CSCs, but also as pre-referral teams/committees to the school's CSC. These teams included Grade Level Teacher Teams, SWAT teams, Teacher Assistant Teams, and pre-referral teams.

To understand further the function of CSCs, schools were asked how frequently their committees met, the composition of their CSCs, and the amount of parental involvement at the CSC meeting (Tables Q 5.1 - Q 5.4). A majority of the respondents indicated that either their committee met as needed (27%) or two (31%) or four (27%) times a month. Over half of the schools indicated that their CSC was composed of the principal or designee, teachers, referring source, and specialists. An additional one third of the respondents included the student's parent(s) as member(s) of their CSC, as well as those previously listed. There were those who noted that their committees did not include the referring source, the student's parent(s), or the student's teacher(s). Over three fourths of the respondents reported that parent is invited to participate in the CSC meeting. Yet over half of the schools who invite parent to attend reported that the attendance rate of parents was less than 50%. While parents appear to be invited to attend a majority of the schools CSC meeting (77%), the fact that only one third of the schools listed parents as a member of their CSC may be explained by the fact that parents are not a required member of CSC under current state regulations. However, parents know their child and are a valuable source of information for the CSC. To assist students having problems at school, there should be a partnership between school and home.

Several items on the survey addressed the actions a CSC may take once a request for assistance has been received. Approximately 77% of the respondents reported that the CSC had referred a student to community agencies for services (Tables Q 6.1 - Q 6.2). These community agencies were diverse and included Community Services Boards, Health Departments, Social Services, Boys' Clubs, Lions' Clubs, the court system, and private counselors. Approximately 71% reported that the CSC conducts screenings and/or assessments (Tables Q 7.1 - Q 7.3) for the CSC to use in its deliberations. Screenings and/or assessments included educational (22%) and psychological (26%) evaluations. It also was reported that a review of students' records, progress reports, portfolios and curriculum-based assessments were a part of the screenings. There were those who reported that they conducted speech/language, OT/PT, hearing, vision, special education, and screenings for learning disabilities; rating scales; medical evaluations; social histories; and informal assessments developed by school staff. These assessments and/or screenings were used, according to the respondents, to develop individual intervention plans (37%), to determine a student's strengths and weaknesses (28%), to screen for referral for special education and related services (35%), to rule in or out a disability (10%), and to make a diagnosis (11%).

About 87% of the respondents stated that their CSCs have developed intervention plans for students (Tables Q 8.1 - Q 8.4). However, it varied greatly as to the percentage of students who actually had an intervention plan developed. Approximately one third of the respondents noted that less than 50% of the students referred to the CSC had plans developed while about half reported that between 80% to 100% of the students referred had intervention plans developed by the CSC. While reasons for this difference were not obtained, it appears that intervention plans are and are not developed on a regular basis for students referred to the CSC. While this is a concern, 83% of the respondents reported that if a plan was developed, then the plan was reviewed by the CSC on a regular basis. This review usually occurred between one to four weeks (70%) after the plan was implemented. However, the range of reviews was one to ten weeks.

In summary, these results support the general concerns about the CSC as reported in the history and purpose of this study. There is a need to finalize the child study document to clearly define the purpose and the procedures of the CSC and its limitations. This document also needs to define the relationship of the CSC to other school and community services/programs.

Responses Regarding ADD

About three fourths of the respondents believed that students with ADD should be referred to the CSC (Tables Q 9.1 - Q 9.3), and a majority of these noted this because they felt that the CSC could assist the teacher(s) in working with the child, could increase the teacher'(s) awareness of the student's needs, and if needed, could develop an intervention plan. Those who responded that a child with ADD should not be referred to the CSC (26%) indicated that if the child was having problems, then the child should be referred to the CSC. Approximately 76% of the respondents noted that students with ADD were referred to the CSC (Tables Q 10.1 - Q 10.3). Approximately 62% of these respondents indicated that an intervention

plan would be developed for the child if the child was not eligible for services under IDEA or qualified for services under Section 504. These plans were usually developed by the CSC (74% of the respondents).

Approximately 95% of the respondents noted that they have students suspected of having ADD referred to their CSC (Tables Q 11.1 - Q 11.4). Only a small percentage (7% over all, but 15 % at the secondary level) indicated that the CSC could determine if the child had ADD. A small number (3% over all, but 7% at the secondary level) of respondents believed that the CSC could make that determination even though their CSC does not do so. However, when asked what the CSC may recommend if they suspect a child has ADD, approximately 55% of the respondents indicated that they referred the parent to a doctor or clinic for a diagnosis (usually at parental expense). The reason given by many of the respondents for this recommendation was that ADD is a medical diagnosis and the diagnosis is not the school's responsibility. Also, about one fourth of the respondents indicated that they did educational screenings, psychological screenings, and/or rating scales (e.g., the Conners), and about 36% of the respondents noted that they made a referral to the special education administrator for evaluation to determine eligibility for special education and related services. Finally, about 38% noted that they developed an intervention plan for the child.

Clearly, there needs to be further clarification of the role of the CSC relative to screenings and assessments of children in general and, specifically, children with and suspected of having ADD. Results from the survey indicated that CSCs are confused and are violating federal and state laws with regard to determining the eligibility of children for special education and related services, especially children suspected of having ADD. This confusion was found in several instances and clarification in several areas is needed:

First, under federal and state laws, only an eligibility committee can determine whether or not a child has a disability and is eligible for special education and related services. The CSC may not usurp this function.

Second, a medical diagnosis of ADD is not required by federal or state law in order to find a child eligible for special education and related services. A clarification from the U. S. Department of Education (USDOE) found in Appendix F indicates that if a school division believes that a medical evaluation is necessary to determine whether a child suspected of having ADD meets the eligibility criteria, then such an evaluation may be conducted. However, if the school division believes that other effective means of identifying ADD are available, then qualified personnel, other than licensed physicians, may be used to conduct the evaluation, as long as all the evaluation requirements under the federal regulations are met.

Third, regardless of whether a medical diagnosis or other types of evaluations are used to determine whether a child suspected of having a disability, including ADD, meets the eligibility criteria under IDEA, the school division must ensure that such evaluations are conducted at no cost to the parents. The CSC cannot refer the parent to a doctor or evaluator for a diagnosis at parental expense.

Finally, the USDOE has stated that if a student is already eligible for special education services, the school division may not deny an request for an evaluation to determine if the student has ADD, in addition to the already identified disability, that may be affecting the student's performance in school (Appendix F).

1986 CHILD STUDY DOCUMENT REVISED

The team decided that it would be better to rewrite the 1986 child study document rather than revise it. This decision was based upon the guiding principles set forth by the team at the beginning of this study, the concerns raised from the review of the 1986 child study document, and the findings of the telephone survey. However, it was decided that parts of the 1986 document would be incorporated into the new document. This new document was written to clarify the role of the CSC, since there appears to be confusion about the purpose, functions and boundaries of the CSC within the context of other existing committees/programs that has caused the CSC to function very differently from school to school. Based on observations of Department of Education personnel providing technical assistance in the field, some committees were working as teacher-child assistance teams and others were conducting screenings/evaluations prior to a child being referred for special education eligibility. The new document (Appendix H), entitled Procedures for Child Study Committees Operating Within the Commonwealth of Virginia, replaces the 1986 document. It clearly states the mission of the CSC, clarifies the role of the CSC, and delineates the functions of the CSC from other existing programs and services. The document recommends a process and outlines procedures to operate the CSC.

A draft document developed by the team was mailed to all 150 individuals who participated in the telephone survey for comment. The document also was reviewed with both the State Special Education Advisory Committee and the State Special Education Director's Council for their comments. The members of the State Special Education Director's Council were given copies to distribute to all of the special education directors in their respective regions. Finally, copies were distributed to VDOE staff who have an interest in CSCs for their comments. Each draft was sent with a comment form and a return date of October 29, 1993 (Appendix G). The total number of responses received was 109. In some cases, several members of the school's CSC responded with individual responses and others responded with a single collective response.

Summary of Respondents by Position:

Position	No.	Position	No
Principals	15	Social Workers	3
Assistant Principals	25	Reg. Educ. Teacher	1
Guidance Counselors	14	Educ. Consultants	1
Psychologists	4	VDOE staff	11
Sp. Educ. Teachers	22	SSEAC*	2
S. Educ. Directors	7	CSC Chairs	3
Cord. of Eligibility	1	TOTAL	109

* State Special Education Advisory Committee

Summary of Respondents by School Level or Other Indicators:

Level	No.	Level	No
Elementary Schools	25	SSEAC*	2
Middle Schools	34	Sp. Educ. Directors	7
Secondary Schools	20	Other	1
VDOE	11	Unknown	9

* State Special Education Advisory Committee

The respondents to the draft document comprised a representative sample of the schools who participated in the telephone survey; 74 out of the 148 schools (50%) who participated in the telephone survey responded. These respondents represented 50% of the elementary schools, 54% the of the middle schools, and 40% of the secondary schools who participated in the surveyed (the 9 unknown responses were school personnel whose school level was unknown; thus, the actual percentage of individual schools by level was actually higher). The responses from the VDOE staff represented individuals in compliance, policy and planning, special education technical assistance, and disability specialists. The SSEAC chair and the Department for Rights of Virginians with Disabilities' SSEAC representative submitted responses.

Summary of Respondents:

Document Section	*Agree as* Disseminated No. (%)	*Agree with* Changes No. (%)	Disagree No. (%)
Introduction, Purpose, Committee Membership	79 (72%)	27 (25%)	3 (3%)
Process/Procedures	80 (73%)	23 (21%)	6 (6%)
Relationship of the CSC to Other Existing Programs/Services	86 (79%)	20 (18%)	3 (3%)
Student Records and Confidentiality	100 (92%)	17 (16%)	7 (6%)
Appendix A - F	85 (78%)	17 (16%)	7 (6%)

A significant number of the suggested changes were incorporated into the draft document. Additions to the document included an appendix on interventions and an appendix on the relationship of CSC to infants, toddlers, and preschoolers. However, these changes did not result in any significant change in the process and outlined procedures for CSCs as presented in the draft document. As can be seen from the above information, a significant number of the respondents agreed with each section as written or with agreed with each section with suggested changes prior to publication (a range of 93% - 97%). Additionally, the responses to the draft document appear to be a representative sample of the groups which reviewed the document. Thus, the new document, Procedures for Child Study Committees Operating Within the Commonwealth of Virginia, appears to have the support of those individuals involved with CSC and the recommendation that this new document be adopted, published, and disseminated.

SUMMARY OF FINDINGS

This study helps clarify the issues and expressed concerns associated with the proper use of Child Study Committees in Virginia. From a review of the 1986 document on child study and an analysis of the responses to the telephone survey, several conclusions were be made by the team:

- The 1986 document, by emphasizing both the name change from Screening Committees to Child Study Committees and the fact that this committee is a building-wide committee to address the needs of

children having academic and non-academic problems began an important philosophical change in the perception of the CSC. This change emphasized that the CSC is more than just a screening committee for special education. This is reinforced by the telephone survey where over 75% of the respondents saw the CSC as a general education function and 18% saw it as both a general and special education function. Thus, 93% saw the CSC as having a role in addressing the needs of students. As such, it is important that the CSC be incorporated into the Standards of Accreditation as a child-centered committee within each school to facilitate a process that results in the implementation of accommodations, services and interventions that will enable children to be successful in school.

- The importance of describing the relationship of the CSC and other existing committees and programs within the educational setting is demonstrated by the responses to several questions in the telephone survey. Approximately 72% of the respondents noted that they have other on-going committees or teams in the building to address the needs of children. It appears that many of them function similarly to the CSC. It is important that school divisions be given the opportunity to collapse committees within their buildings, especially when committees are duplicating services.

- The limitations of the CSC need to be recognized. The concern arises from the number of respondents to telephone surveys who defined the role of the CSC as a screening committee for special services (20%) and because about 71% of the respondents noted that the CSC does screenings and/or assessments. The type of screenings and assessments that are of concern are those that involve educational (22%), psychological (26%), rating scales (16%), and others that included PT/OT screenings, special education screenings, screenings for learning disabilities, speech and/or language screenings. These assessments/screenings are problematic since the respondents noted that they use them to make a diagnosis (11%), to screen for a referral evaluation for special education and related services (35%), and to rule in or out a disability (10%). The concern is that the CSC is conducting assessments and, based upon the results of these assessments, will decide whether to make a referral for evaluation to determine eligibility for special education and related services. In other words, they are determining eligibility. It must be emphasized that **if the CSC suspects that a child has a disability, the CSC must make a referral for evaluation**. Conducting assessments and/or screenings is not the role of the CSC according to state regulations.

- The attempt by schools to involve parents is commendable since approximately 77% of the respondents noted that they invite parents to participate in the CSC meeting. It is important to recognize the

expertise that parents bring to any meeting when their child is being discussed, particularly when the child is having problems in school. It is well recognized that parental involvement is important and there needs to be a partnership between school and home when addressing the needs of a child. However, there is a concern that of those schools who invite parents to participate in the CSC meeting, 53% of the respondents noted that parents actually attend less than half the time. There is a need for schools to increase parental participation in the CSC meetings.

- Schools should be commended since about 87% of the survey respondents noted that they develop intervention plans for students who are referred to the CSC and that over half (53%) indicated that between 80% and 100% of the students referred to their CSC have an intervention plan. However, about one third of the respondents indicated that less than 50% of those referred to the CSC committee have an intervention plan. The reason that an intervention plan was not needed was not addressed by the survey. Also, while 83% of the all respondents noted that the CSC would review the results of the intervention plan on a regular basis, about one third of the secondary schools noted they did not. It is noteworthy that almost 70% of the respondents review the intervention plan between one to four weeks after the plan has been implemented.

- About three fourths of the respondents noted that students with a diagnosis of ADD should be referred to the CSC. A majority of these stated this because they felt that the CSC could assist the teacher in working with the child, in increasing the teacher'(s) awareness of the student's needs and, if needed, in developing an intervention plan. Those who responded that a child with ADD should not be referred to the CSC (26%) indicated that if the child was having problems, then the child should be referred to the CSC. Finally, approximately 76% of the respondents noted that students with ADD were referred to CSC. Approximately 62% of these respondents indicated that an intervention plan would be developed for the child if the child was not eligible for services under IDEA or qualified for services under Section 504. These plans were usually developed by the CSC.

- Approximately 95% of the respondents noted that they have students suspected of having ADD referred to their CSC. Yet, only a small percentage (7% over all, but 15 % at the secondary level) indicated that the CSC could determine if the child had ADD. A small percentage (3% over all, but 7% at the secondary level) of respondents believed that the CSC could make that determination even though their CSC does not to so. However, when asked what the CSC may recommend if they suspect a child has ADD, approximately 55% of the respondents indicated that they referred the parent to a doctor or clinic for a

diagnosis (usually at parental expense). The reason for this recommendation given by many of the respondents was that ADD is a medical diagnosis and the diagnosis is not a school responsibility. Also, about one fourth of the respondents indicated that they would do educational screenings, psychological screenings, and/or rating scales (e.g., Conners), and about 36% of the respondents noted that they would make a referral to the special education administrator for evaluation to determine eligibility for special education and related services. Finally, about 38% noted that they would develop an intervention plan for the child. It should be noted that many respondents gave several answers to the question. It is clear that there needs to be further clarification of the role of the CSC relative to screenings and assessments of children in general, and especially children with ADD.

- A revised child study document was needed since the process and procedures outlined in the 1986 document seemed to be cumbersome, confusing, and, at times, could interfere with students being referred in a timely manner for evaluations for services. Also, some of the procedures suggested (e.g., that assessments and screenings be conducted by the CSC and that the building administrator could stop a referral to the CSC prior to the CSC meeting) do not follow current state regulations governing the CSC.

Based upon this information, the team drafted a new CSC document, Procedures for Child Study Committees Operating in Virginia. The purposes of this document were to present a simple process and to outline procedures that clarify the role of the CSC and its relationship to other services and programs. This document was sent to all 150 participants in the CSC telephone survey, the State Special Education Advisory Committee, State Special Education Directors Council, and the VDOE staff for review. Based upon a review and analysis of the 109 responses received, one can conclude:

- The document, Procedures for Child Study Committees Operating in Virginia, was reviewed by a representative sample and was widely accepted. Approximately 93% - 97% of respondents either agreed with each of the sections of the document as written and recommended that the document be published or agreed with the document as written with suggested changes. This strong support suggests that this new document be adopted, published, and disseminated and that it replace the 1986 document. However, as with any new process and procedures, training is needed. Thus, a training package needs to be developed to enhance this new document.

RECOMMENDATIONS

Six recommendations are made as a result of this study:

1. The Department of Education should recommend to the Board of Education that the Standards of Accreditation be amended to include the Child Study Committee as currently defined in Virginia's proposed special education regulations, Regulations Governing Special Education Programs for Children with Disabilities in Virginia, January 1994.

2. The Department of Education should adopt and distribute the 1993 CSC document, Procedures For Child Study Committees Operating In Virginia, to all public schools, institutions of higher education with teacher training programs, parent resource centers, and other interested parties.

3. The Department of Education should develop an in-service and pre-service training program on CSC to enhance the document, Procedures For Child Study Committees Operating In Virginia, and make this training package available to all public schools, institutions of higher education with teacher training programs, parent resource centers, and other interested parties.

4. The Department of Education should consider pilot sites to implement the procedures for CSC as defined in Procedures For Child Study Committees Operating In Virginia. This will allow the Department the opportunity to evaluate the effectiveness of these procedures and revise them if needed.

5. The Department of Education should clarify through a Superintendent's Memo that the CSC **may not** conduct its own evaluations and/or screenings to make the determination of whether or not a child has a suspected disability. Rather, the CSC should review the existing performance evidence to make that determination. The memo should also stress that the CSC cannot request parents to have their child evaluated at their own expense if the CSC suspects a disability, including ADD. In addition, the CSC **may not** identify a disability. These are issues that may only be addressed through the evaluation process following the referral to the administrator of special education.

6. The Department of Education design and conduct research to increase understanding about the involvement of parents in the CSC process and the development and use of intervention plans.

Finally, since the sponsors of this study agreed that it needed to be broader than the original proposal and examine the way CSCs function in Virginia, there are no recommendations made relative to the identification and provision of services to students with ADD/ADHD only. However, the procedures delineated in the new CSC document, Appendix H, will provide guidance to schools in Virginia in identifying and addressing the needs of these students as well as other students having problems in school. Additionally, the VDOE is in the process of developing a pre-service and in-service training program on ADD/ADHD that will be completed in 1994. It will consist of eight video training modules with written materials and will be distributed to all school divisions, institutions of higher education with teacher training programs, and parent resource centers.

The modules include:

Module 1 - Identification and Assessment

Module 2 - Legal Issues

Module 3 & 4 - Academic Interventions

Module 5 & 6 - Behavioral Interventions

Module 7 - Medical Issues and Interventions

Module 8 - Parent Issues and Social/Emotional Issues

NOTE: For more information on this project or copies of the outline of individual modules, contact Harley A. Tomey, III, Education Associate Specialist, VDOE, by calling (840) 371-7572 or writing P.O. Box 2120, Richmond, Virginia 23216-2120.

APPENDIX A

GENERAL ASSEMBLY OF VIRGINIA–1993 SESSION

HOUSE JOINT RESOLUTION NO. 469

Requesting the Department of Education to examine the use of child study for identifying and assessing the educational needs of children with attention deficit disorder (ADD/ADHD).

Agreed to by the House of Delegates, February 7, 1993
Agreed to by the Senate, February 16, 1993

WHEREAS, it is acknowledged that children throughout the public education system suffer from attention deficit disorder and attention deficit hyperactivity disorder; and

WHEREAS, attention deficit disorder (ADD) is characterized by significantly higher than normal inattention and impulsivity, and it may occur without or with hyperactivity (ADHD); and

WHEREAS, early diagnosis and diversified educational methods and programs are vital to avoid later academic failure and intensified problems for these children and to give them an effective, successful education; and

WHEREAS, the problems faced by ADD/ADHD children and their families can be addressed, in part, by recognizing their special needs; and

WHEREAS, the child study procedure was instituted to help teachers determine ways to better assist students in learning; however, child study is often misused as eligibility to special education testing and placement; and

WHEREAS, ADD/ADHD children usually are found ineligible for special education services and remain in the regular classroom with teachers who are unprepared to meet their special needs and lack the assistance and resources to teach such children; and

WHEREAS, the Department of Education's Child Study Document has not been made final, and a review and revision of the proposed guidelines to define the purpose of child study would provide information and guidance to school personnel on assessing the needs of ADD/ADHD children; and

WHEREAS, with early diagnosis, appropriate assessment, and adequate in-service teacher training and instructional resources, the educational needs of ADD/ADHD children can be met in the regular classroom; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Department of Education is requested to study the use of child study for identifying and assessing the educational needs of children with attention deficit disorder (ADD/ADHD). The Department is requested to complete its study in time to submit its recommendations to the Governor and the 1994 Session of the General Assembly in accordance with the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

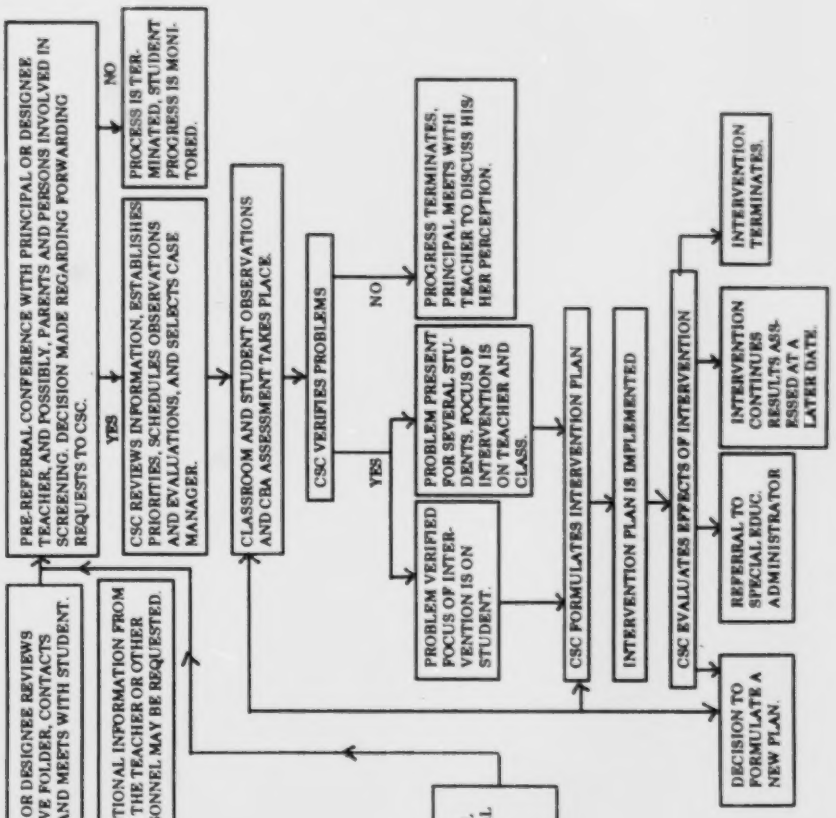
APPENDIX B

A copy of the VDOE's 1986 document, A Proposal for Child Study in Public Schools in the Commonwealth of Virginia, as described in the study may be obtained by contacting the Virginia Department of Education at P.O. Box 2120, Richmond, Virginia 232216-2120.

APPENDIX C

CHILD STUDY COMMITTEE: PROCESS AND PROCEDURES AS DEFINED BY THE 1986 VDOE'S DOCUMENT

A Proposal for Child Study in Public Schools in the Commonwealth of Virginia


TEACHER SUBMITS WRITTEN REQUEST FOR ASSISTANCE.
PARENTS MAKE A VERBAL REQUEST FOR ASSISTANCE TO TEACHER OR PRINCIPAL.
TEACHER ORGANIZES INFORMATION REGARDING STUDENT ACHIEVEMENT AND BEHAVIOR.
TEACHERS (GRADES 1-12) REVIEW END-OF-YEAR PROGRESS, STUDENTS NAME IS SUBMITTED TO THE PRINCIPAL.
RESULTS OF LANGUAGE AND MOTOR SCREENING FOR NEW STUDENTS ARE EVALUATED, STUDENTS NAME IS SUBMITTED TO THE PRINCIPAL.
RESULTS OF KINDERGARTEN SCREENING ARE EVALUATED, STUDENT'S NAME IS SUBMITTED TO THE PRINCIPAL.
NURSE AND/OR VISITING TEACHER/SCHOOL SOCIAL WORKER REVIEW MEDICAL EXAMINATIONS, AND DEVELOPMENTAL AND FAMILY HISTORIES.
PRINCIPAL OR DESIGNEE REVIEWS CUMULATIVE FOLDER, CONTACTS PARENTS, AND MEETS WITH STUDENT.
ADDITIONAL INFORMATION FROM THE TEACHER OR OTHER PERSONNEL MAY BE REQUESTED.
PRE-REFERRAL CONFERENCE WITH PRINCIPAL OR DESIGNEE TEACHER, AND POSSIBLY, PARENTS AND PERSONS INVOLVED IN SCREENING. DECISION MADE REGARDING FORWARDING REQUESTS TO CSC.
YES
NO
CSC REVIEWS INFORMATION, ESTABLISHES PRIORITIES, SCHEDULES OBSERVATIONS AND EVALUATIONS, AND SELECTS CASE MANAGER.
PROCESS IS TERMINATED, STUDENT PROGRESS IS MONITORED.
CLASSROOM AND STUDENT OBSERVATIONS AND CBA ASSESSMENT TAKES PLACE.
CSC VERIFIES PROBLEMS
YES
NO
PROBLEM VERIFIED FOCUS OF INTERVENTION IS ON STUDENT.
PROBLEM PRESENT FOR SEVERAL STUDENTS. FOCUS OF INTERVENTION IS ON TEACHER AND CLASS.
PROGRESS TERMINATES. PRINCIPAL MEETS WITH TEACHER TO DISCUSS HIS/HER PERCEPTION.
CSC FORMULATES INTERVENTION PLAN
INTERVENTION PLAN IS IMPLEMENTED
CSC EVALUATES EFFECTS OF INTERVENTION
INTERVENTION CONTINUES RESULTS ASSESSED AT A LATER DATE.
INTERVENTION TERMINATES.
REFERRAL TO SPECIAL EDUC. ADMINISTRATOR
DECISION TO FORMULATE A NEW PLAN.

APPENDIX D

CHILD STUDY COMMITTEE TELEPHONE SURVEY QUESTIONS

Label Goes Here

Name/Position of respondent if not Principal _____
Date_____ _____

1.1 Does your school have a Child Study Committee(CSC)?

YES NO

1.2 If, No - What does your school use instead?

2.1 In your opinion, what are the functions of a CSC?

3.1 Do you believe that the CSC is a special education function or a general education function in addressing the educational needs of students?

3.2 If it is a special education function, do you believe it should be a general education function?

YES NO

3.3 If no, why?

4.1 Does your school have other committees/teams besides the CSC to address the needs of children having problems in school?

YES NO

4.2 If yes, what are they called?

4.3 What are their functions?

5.1 How frequently does your CSC meet per month?

5.2 What is the composition of your CSC?

5.3 Are parents invited to participate in the CSC meeting?

YES NO

5.4 If yes, what percent attend? (approximately)

6.1 Does your CSC refer students to community agencies for services?

YES NO

6.2 If yes, which ones?

7.1 Does your CSC conduct and/or request any types of assessments and/or screening for their consideration?

YES NO

7.2 If yes, describe the type of screenings and/or assessments.

7.3 What is the purpose of these assessments and screening?

8.1 For students referred to the CSC does your CSC develop a student intervention plan to be implemented by the student's teacher or other staff?

YES NO

8.2 What percent of the students referred to the CSC will have intervention plans developed by the CSC (approximately)?

8.3 Does the CSC, on a regular basis, review the results of the intervention plan once the plan has been implemented?

YES NO

8.4 If yes, this review, on the average, occurs how many days after the intervention plan has been developed and implemented?

9.1 Do you believe that students with a diagnosis ADD/ADHD need to be referred to the CSC?

YES NO

9.2 If yes, why?

9.3 If no, why?

10.1 Are students with a diagnosis of ADD/ADHD referred to your CSC?

YES NO

10.2 Does the CSC assist in the development and implementation of an educational plan for students with a diagnosis of ADD/ADHD who are not eligible for special education and related services under IDEA or qualified for services under Section 504?

YES NO

10.3 Who assists in the development of these educational plans?

11.1 Are students suspected of having ADD/ADHD referred to CSC?

YES NO

11.2 If the student is suspected of having ADD/ADHD, does your CSC determine if the student has ADD/ADHD?

YES NO

11.3 If not, can your CSC make that determination?

YES NO

11.4 If the CSC suspects that a child has ADD/ADHD, what does the committee do and/or recommend?

12.1 Do you have guidelines/procedural handbook for your CSC?

YES NO

APPENDIX E

Summary of Responses to the CSC Telephone Survey

When each school was called, the interviewer asked to speak either to the principal of the school or the person responsible for the CSC. The respondents to the survey by position were:

Position	Total	Elementary	Middle	Secondary
Principal	45	29	8	8
Asst. Principal	43	9	17	17
Guidance Counselor	34	5	15	14
Sp. Educ. Teacher	16	4	4	8
Other	10	3	6	1
TOTALS	148	50	50	48

A summary of the responses to each question of the telephone survey is presented in the following tables. If the question is stared (*) it was an open-ended question. The responses to these questions were then grouped by categories as reflected in the tables.

Q 1.1 Does your school have a Child Study Committee?

	Total	Elementary	Middle	Secondary
Yes	99%	100%	100%	98%
No	1%	0%	0%	2%

The single "no" response came from an alternative high school where the principal noted that the school does not have a CSC nor does it have special education and related services within the building. However, in the building, there are various programs, clinics and social services to assist any student having problems in the school.

*Q 2.1 In your opinion, what are the functions of a CSC?

Descriptor	Total	Elementary	Middle	Secondary
A problem solving committee	75%	72%	72%	77%
Referral for special education services	32%	26%	44%	27%
Screening committee for special services	20%	24%	14%	21%
Develops intervention plans for students	25%	22%	30%	25%
Eligibility committee for services	4%	0%	2%	8%
A diagnostic and /or assessment committee	9%	6%	12%	8%
Determine strengths and weakness of the student	2%	6%	0%	0%
Monitoring a students progress	4%	2%	2%	8%

Key: 75% of all the respondents describe the CSC as a problem solving committee while 72% of the elementary schools responded that the CSC was a problem solving committee.

Q 3.1 Do you believe that the CSC is a special education function or a general education function in addressing the educational needs of students?

	Total	Elementary	Middle	Secondary
Special Education	7%	8%	2%	13%
General Education	75%	72%	76%	76%
Both	18%	20%	22%	11%

Q 3.2 If it is a special education function, do you believe it should be a general education function? (chart represents the number of responses)

	Total	Elementary	Middle	Secondary
Yes	6	2	1	3
No	5	2	0	3

*Q 3.3 If no, why?

Reasons given included comments such as "the CSC is a special education referral team," and "other committees in the building handle regular education students."

Q 4.1 Does your school have other committees/teams besides the CSC to address the needs of children having problems in school?

	Total	Elementary	Middle	Secondary
Yes	72%	64%	82%	67%
No	28%	36%	18%	33%

*Q 4.2 If yes, what are they called?

Respondents to this included: Teacher Assistant Teams (12%), Pre-Referral Teams (4%), 504 Teams (6%), Screening Teams (4%), Grade Level Teams (18%), Interagency Teams (6%), At-Risk Teams (6%) and SWAT Teams (3%) and others.

*Q 4.3 What are their functions?

Respondents noted that many of these teams try to address the needs of students having problems in school and/or home. Some of the teams address specific problems such as academic, social/emotional, and drug and alcohol. Many are teams that a student will be referred to prior to being referred to the CSC.

*Q 5.1 How frequently does your CSC meet per month?

Times per Month	Total	Elementary	Middle	Secondary
1	6%	4%	4%	11%
2	31%	36%	24%	29%
3	6%	6%	6%	7%
4	27%	30%	30%	19%
5 +	3%	0%	4%	5%
As needed	27%	24%	32%	29%

*Q 5.2 What is the composition of your CSC?

Composition	Total	Elementary	Middle	Secondary
principal or designee, teacher(s), referral source, specialist**	65%	74%	58%	65%
principal or designee, teacher(s), referral source, specialist* *, parents	29%	24%	36%	30%
principal or designee, specialist**	4%	4%	4%	3%
teacher(s), referral source, specialist**	1%	2%	2%	0%
teacher(s), parents, specialist**	1%	2%	0%	2%

** Specialist included pupil personnel staff (guidance counselors, psychologists, school social workers/visiting teachers), reading teachers, special education teachers, speech and language pathologists, Chapter 1 specialists, at-risk specialists, and school nurses.

Q 5.3 Are parents invited to participate in the CSC meeting?

	Total	Elementary	Middle	Secondary
Yes	77%	84%	70%	80%
No	23%	16%	30%	20%

*Q 5.4 If yes, what percent attend? (approximately)

Percentage	Total	Elementary	Middle	Secondary
0 - 10%	23%	24%	16%	27%
11 - 20%	5%	6%	0%	11%
21 - 30%	11%	12%	12%	6%
31 - 40%	3%	2%	2%	6%
41 - 50%	11%	2%	16%	14%
51 - 60%	5%	10%	8%	0%
61 - 70%	3%	0%	8%	3%
71 - 80%	12%	10%	14%	11%
81 - 90%	12%	12%	10%	14%
91 - 100%	15%	20%	14%	8%

Q 6.1 Does your CSC refer students to community agencies for services?

	Total	Elementary	Middle	Secondary
Yes	77%	83%	68%	80%
No	23%	12%	22%	20%

*Q 6.2 If yes, which ones?

Responses to this question included local Community Services Boards (50%), Social Services (36%), Health Department (17%), Youth Services (4%), Department of Rehabilitative Services (3%). Others included private counselors, Child Development Clinics, United Way Family Services, physicians, courts' systems, Big Brother/Big Sister Programs, Boys' Clubs, Salvation Army, Lions' Clubs and others.

Q 7.1 Does your CSC conduct and/or request any types of assessment and/or screenings?

	Total	Elementary	Middle	Secondary
Yes	71%	68%	70%	76%
No	29%	22%	30%	24%

*Q 7.2 If yes, describe the type of screenings and/or assessments.

Types	Total	Elementary	Middle	Secondary
Educational assessments and/or screenings	22%	20%	40%	34%
Student/teacher progress reports	17%	12%	14%	28%
Student records	17%	20%	12%	20%
Student portfolios	12%	14%	6%	14%
Curriculum-based assessments	4%	8%	0%	4%
Psychological assessments and/or screenings	26%	12%	32%	30%
Rating scales	16%	4%	18%	6%
Other assessments**	37%	30%	38%	40%

** Other assessments included speech language screenings, PT and OT *screenings, reading* screenings, medical evaluations, social histories, vision and hearing screenings, special education screenings, screenings for learning disabilities, informal assessment developed by school staff, etc.

*Q 7.3 What is the purpose of these assessments and screenings?

Purposes	Total	Elementary	Middle	Secondary
To make a diagnosis	11%	4%	12%	18%
To develop an intervention plan	37%	30%	30%	47%
To screen for referral for special services	35%	30%	34%	38%
To rule in or out a disability	10%	6%	18%	6%
To determine a child's strengths and weakness	28%	30%	22%	29%

Q 8.1 For students referred to the CSC, does your CSC develop a student intervention plan to be implemented by the student's teacher?

	Total	Elementary	Middle	Secondary
Yes	87%	90%	88%	83%
No	13%	10%	12%	17%

*Q 8.2 What percent of the students referred to the CSC will have an intervention plan developed by CSC (approximately)?

Percentage	Total	Elementary	Middle	Secondary
0 - 10%	10%	5%	12%	12%
11 - 20%	3%	5%	3%	3%
21 - 30%	6%	5%	12%	0%
31 - 40%	6%	7%	8%	3%
41 - 50%	9%	9%	5%	12%
51 - 60%	7%	5%	10%	8%
61 - 70%	3%	2%	3%	5%
71 - 80%	6%	5%	5%	8%
81 - 90%	5%	5%	5%	5%
91 - 100%	45%	54%	38%	40%

Q 8.3 Does the CSC, on a regular basis, review the results of the intervention plan once the plan has been implemented?

	Total	Elementary	Middle	Secondary
Yes	83%	91%	86%	71%
No	17%	9%	14%	29%

*Q 8.4 If yes, this review, on the average, occurs how many days after the intervention plan has been developed and implemented? (3% of the respondents, reported as needed)

No. of weeks	Total	Elementary	Middle	Secondary
1 to 2	21%	13%	30%	22%
3 to 4	48%	50%	39%	59%
5 to 6	19%	21%	25%	4%
7 to 8	3%	5%	3%	0%
9 to 10	6%	11%	3%	4%

Q 9.1 Do you believe that students with a diagnosis of ADD/ADHD need to be referred to the CSC?

	Total	Elementary	Middle	Secondary
Yes	74%	66%	72%	85%
No	26%	34%	28%	15%

*Q 9.2 If yes, why?

A majority of the responses as to why noted that the student's teachers need to be aware of any accommodations or modifications that the student may need. Thus an intervention plan can be developed. Also the CSC can be a support system for the student's teachers. Other comments included: "to confirm diagnosis," "only if the child has a learning disability with ADD," "only if the student is having problems," and " because it (ADD) is a disability so process through CSC."

*Q 9.3 If no, why?

A majority of the respondents noted that it should not be required to refer a student with ADD/ADHD to the CSC, but a referral should be made only if the student is having problems. Other reason given as to why the student should not be referred to the CSC included "They already have a diagnosis," "Grade level teams are helping these students," and "The use of medication takes care of the situation."

Q 10.1 Are students with a diagnosis of ADD/ADHD referred to your CSC?

	Total	Elementary	Middle	Secondary
Yes	76%	70%	82%	75%
No	24%	30%	18%	25%

Q 10.2 Does the CSC assist in the development and implementation of an educational plan for students with a diagnosis of ADD/ADHD who are not eligible for special education and related services under IDEA or qualified under Sections 504?

	Total	Elementary	Middle	Secondary
Yes	62%	56%	66%	65%
No	38%	44%	34%	35%

*Q 10.3 Who assists in the development of these educational plans?

Approximately 74% of the respondents noted that these plans were developed by the CSC while others noted that the educational plan was developed by the teacher, parent and guidance counselor (6%), teacher, psychologist and guidance counselor (6%), by a specialist and the student's teacher (12%).

Q 11.1 Are students suspected of having ADD/ADHD referred to the CSC?

	Total	Elementary	Middle	Secondary
Yes	95%	90%	88%	87%
No	5%	10%	12%	13%

Q 11.2 If the student is suspected of having ADD/ADHD, does your CSC determine if the student has ADD/ADHD?

	Total	Elementary	Middle	Secondary
Yes	7%	2%	4%	15%
No	93%	98%	96%	85%

Q 11.3 If not, can your CSC make that determination?

	Total	Elementary	Middle	Secondary
Yes	3%	0%	2%	7%
No	97%	100%	98%	91%

*Q 11.4 If the CSC suspects that s Child has ADD/ADHD, what does the committee do and/or recommend?

Recommendations	Total	Elementary	Middle	Secondary
Refer the parent to a doctor or clinic for an ADD diagnosis (usually at parent expense)	55%	56%	64%	30%
Develop an intervention plan	38%	42%	30%	32%
Do educational and/or psychological screenings, including rating scales such as the Conners	26%	20%	30%	20%
Refer to special education administrator for full evaluation	36%	36%	30%	32%

Q 12.1 Do you have guidelines/procedural handbook for your CSC?

Approximately 84% of the respondents replied yes while 16% said no. However, a majority of those who replied "no" noted that while the do not have specific guidelines for the CSC, they follow the special education regulation relative to the CSC. Those who responded in the affirmative noted that the procedures and guidelines they follow are contained in their special education guidelines.

APPENDIX F

U. S. Department of Education's Letters of Clarification on ADD

Harvey C. Parker, Ph.D.
Executive Director
C.H.A.D.D.
499 N.W. 70th Avenue, Suite 308
Plantation, FL 33317

Digest of Inquiry
(October 3, 1991)

- As a condition for eligibility under the Part B category of "other health impaired," must a diagnosis of attention deficit disorder (ADD) be made by a medical doctor, or may such a diagnosis be made by health care professional other than a licensed physician?

- Does a state law or regulation requiring a medical diagnosis of attention deficit disorder (ADD) as a condition for special education eligibility supercede the federal Part B requirements?

- Is it possible for a child with attention deficit disorder (ADD) to be eligible for special education or related services under a category other than "other health impaired"?

Digest of Response
(February 18, 1992)

Medical Evaluation for ADD May Be Ordered

If a school district believes that a medical evaluation by a licensed physician is necessary to determine whether a child suspected of having attention deficit disorder (ADD) meets the eligibility criteria under the "other health impaired" category, then the school district must ensure that such an evaluation is conducted at no cost to the parents. However, if the school district believes that other effective means of measuring ADD are available, then qualified personnel other than licensed physicians may be used to conduct the evaluation, so long as all of the evaluation requirements under Regs. 300.530-300.534 are met.

Eligibility Determination May Not Be Limited to Medical Diagnosis of ADD

A state may require a medical diagnosis of attention deficit disorder (ADD) as part of an evaluation to determine eligibility under the "other health impaired" category, but it must also ensure that any other necessary evaluations by other professionals are conducted and considered as part of the eligibility determination process.

ADD Eligibility Is Not Limited to OHI Category

Children with attention deficit disorders (ADD) are not limited to eligibility under the category of "other health impaired"; they might also meet the

criteria for eligibility under other Part B disability categories.

Text of Inquiry

Thank you for your participation at the C.H.A.D.D. Conference two weeks ago. We were delighted by your excellent presentation and appreciate your taking time from such a busy schedule to speak there.

Since the conference we have received numerous positive responses to the Department's September 16, 1991 ADD Policy Memorandum. In the process of helping our members understand this new policy, we at C.H.A.D.D. wish to make certain that our own explanation and analysis accurately reflect Department intent. We have thus far generally been able to field most questions without problem, but I would like to raise two specific issues with you which may require some additional clarification and guidance.

First, you should note C.H.A.D.D.'s long history of advocating that professionals who are familiar with the process of evaluating children with attention deficit disorders, and who are legally authorized to perform such evaluations within their own states, should be able to perform such evaluations and diagnose ADD where it is present. We have maintained the view that such professionals might include physicians and/or clinical, counseling and school psychologists with appropriate training. While we understand that a medical diagnosis of ADD alone is not sufficient to render a child eligible for Part B services, we would like clarification on the issue of 1) whether the Department *requires* a diagnosis of ADD to be made *only* by a medical doctor as a condition for Part B OHI eligibility; or alternatively, whether the Department *permits* such diagnoses to be made by other trained health care professionals, including psychologists, for OHI eligibility purposes. A closely related question is 2) whether federal Part B regulations would supersede state Part B implementing regulations to the extent that the former permit ADD diagnoses by a broader range of professionals than the latter. Since our purpose for raising these questions is solely to make certain we are correctly advising parents of children with ADD about the new Department ADD Policy, I hope you can provide us with some immediate guidance on these particular points.

Second, we have also received some questions about when children with ADD may be legally served under Part B categories *distinct from* Other Health Impaired, such as SLD or SED, even when these children's *sole* disability is ADD. I recall from our September 18 Washington meeting the explanation by you and your Department colleagues that children with ADD should *not* receive special education and related services designed for other disability categories unless (i) such other disability actually *co-occurs* with ADD; and (ii) a child is eligible for services on the basis of such other disability *independently* from services required for ADD as an OHI disability. Section II.C. of the September 16 Department Policy Memorandum clearly supports this interpretation, but there nonetheless seems to be some uncertainty over the absence of explicit language making this Section applicable *only* to children with one or more Part B handicapping conditions *in addition to* ADD after the latter is identified under OHI. We would ask the Department to clarify this particular point as well, since we believe that such clarification will help avert misclassifying children solely with ADD.

We appreciate your consideration of our concerns, and look forward to hearing from you soon. Thank you again for your hard work to date on the ADD issue.

Text of Response

This is in response to your letter of October 3, 1991 to the Office of Special Education Programs (OSEP), in which you request further clarification of the Department's September 16, 1991 Memorandum on "Clarification of Policy to Address the Needs of Children with Attention Deficit Disorders with General and/or Special Education." Your specific questions and OSEP's responses follow.

> [Does] the Department *require* a diagnosis of ADD to be made *only* by a medical doctor as a condition for Part B OHI eligibility; or alternatively, [does] the Department *permit* such diagnosis to be made by other trained health care professionals, including psychologists, for OHI eligibility purposes? [Do] federal Part B regulations supersede State Part B implementing regulations to the extent that the former permit ADD diagnoses by a broader range of professionals than the latter?

The Part B definition of "other health impaired" (OHI) requires that a child be evaluated in accordance with the requirements of 34 CFR §§ 300.530-300.534 as having a chronic or acute health problem, resulting in limited strength, vitality, or alertness, that adversely affects a child's educational performance. 34 CFR § 300.5(a) and § 300.5(b)(7). However, the regulation at 34 CFR § 300.532(e) requires that each child's evaluation be conducted by a multidisciplinary team or group of persons, "including at least one teacher or other specialist with knowledge in the area of suspected disability." Based on this requirement, public agencies must ensure that the multidisciplinary team determining a child's eligibility under the "other health impaired" category includes an individual with knowledge in the area of the suspected disability. When a child is suspected of being "other health impaired" as a result of their ADD, the multidisciplinary team should include an individual who is knowledgeable about the possible adverse effects of ADD on a child's educational performance.

Services required under Part B may include medical services provided by a licensed physician to determine whether a child has a medically related disabling condition which results in the child's need for special education and related services. 34 CFR 300.13(b)(4). If a public agency believes that a medical evaluation by a licensed physician is needed as part of the evaluation to determine whether a child suspected of having ADD meets the eligibility criteria of the OHI category, the school district must ensure that this evaluation is conducted and is at no cost to the parents. However, if a school district believes there are other effective methods for determining whether a child suspected of having ADD meets the eligibility requirements of the OHI category under Part B, then it would be

permissible to use other qualified personnel to conduct the evaluation, so long as all of the procedures in evaluation requirements of 34 CFR §§ 300.530-300.534 are met. Further, it would not be inconsistent with Part B for a State to impose a requirement that a school district must ensure that a medical evaluation by a licensed physician is conducted as a part of an evaluation to determine the eligibility of a child suspected of having ADD for Part B services under the OHI category. However, public agencies must also ensure that decisions as to whether a child meets the eligibility requirements under Part B are made by the multidisciplinary team and are made in accordance with the requirements of 34 CFR § 300.532-300.533. If a State requires that a medical evaluation be included as part of all evaluations for eligibility determination for the OHI category, it must also ensure that any necessary evaluations by other professionals are also conducted and considered as part of the eligibility determination process.

In your letter you also ask the Department to clarify its position relative to the classification of children under other disability categories where the child's disability is ADD. (Section II.C. of the September 16, 1991 clarification memorandum.) Section II.C. of the clarification memorandum was intended to recognize the fact that children with ADD may *also* meet the criteria for a disability category other than OHI and thus could appropriately be classified under the other disability category. Children with ADD found to be eligible under Part B must receive special education and related services determined by the IEP team to be appropriate to meet their unique educational needs.

I am hopeful that this information is responsive to your inquiry. If we can provide further clarification of this issue please let me know.

Judy A. Schrag
Director
Office of Special Education Programs

Jo Thomason, Ed.D.
Executive Director
Council of Administrators of
Special Education, Inc.
615 16th Street, NW
Albuquerque, NM 87104

Digest of Inquiry
(February 25, 1991)

- May a local educational agency refuse to provide a special education evaluation to a child solely on the basis of his/her prior medical diagnosis as having attention deficit disorder (ADD)?

Digest of Response
(October 11, 1991)

Prior Diagnosis of ADD May Not Bar Evaluation

Local educational agencies (LEAs) are obligated to conduct evaluations of all children suspected of being in need of special education and related services without undue delay. Because of this obligation, an LEA may not refuse to evaluate a child solely on the basis of his/her prior medical diagnosis as having attention deficit disorder (ADD).

Text of Inquiry

I am writing on behalf of the Council of Administrators of Special Education (CASE) a Division of CEC, to request clarification on an issue which has recently been brought to our attention. CASE has been involved in an intensive study of the issues and concerns surrounding Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder (ADD/ADHA) in preparation for responding to the Notice of Inquiry on ADD published in the Federal Register. As a part of that study we have had several meetings with parents of children and youth with ADD. In the course of those meetings a number of parents have expressed, to us, their own experiences or the experiences of others. One of the experiences related to us concerned parents who were reportedly denied evaluation of their child for possible special education services. The refusal for evaluation and subsequent possible consideration for special education services was allegedly based on a prior medical diagnosis of ADD.

It is our understanding that no child should be refused an evaluation based on any medical diagnosis or condition and that to do so would constitute a violation of the provisions of the EHA/IDEA. It is further our understanding that consideration for the provision of special education services would be based on evaluation done by school personnel in concert with the provisions of IDEA and that during such process parent provided medical information would be considered by the evaluation team.

CASE is requesting clarification of this issue by your office. We frequently disseminate information to our members and to our colleagues in general education and wish to be certain that the information we convey is accurate. Thank you for your assistance in this matter. Please do not hesitate to contact my office should further information or clarification of our request be needed.

Text of Response

This is in response to your letter concerning evaluations of children with Attention Deficit Disorder (ADD). In your letter, you express concern that evaluation and subsequent consideration for possible special education services are being denied children with a prior medical diagnosis of ADD, and request clarification of this issue from this Office.

Under Part B of the Individuals with Disabilities Education Act (Part B), State and local educational agencies (SEAs and LEAs) have an affirmative obligation to evaluate all children who have a disability or who are suspected of having a disability to determine the child's need for special education and related services, and are required to have procedures for locating, identifying and evaluating such children. 34 CFR §§ 300.128 and 300.220. This responsibility, known as "child find," is applicable to children from birth through 21 years of age, regardless of the severity of their disability.

Consistent with this responsibility and the obligation to make available a free appropriate public education (FAPE) to all eligible children with disabilities, SEAs and LEAs must ensure that evaluations of children who are suspected of needing special education and related services are conducted without undue delay. 20 U.S.C. § 1412(2). Because of its responsibility resulting from the FAPE and Child Find requirements of Part B, an LEA may not refuse to evaluate the possible need for special education and related services of a child with a prior medial diagnosis of ADD solely by reason of that medical diagnosis.

These responsibilities are discussed in a recent Memorandum dated September 16, 1991 issued jointly by Assistant Secretaries Robert R. Davila, Michael L. Williams and John T. MacDonald from the Office of Special Education and Rehabilitative Services, Office for Civil Rights and Office of Elementary and Secondary Education, respectively. This Memorandum clarifies the Department's policy to address the needs of chil-

dren with ADD within general and/or special education programs.

We appreciate your bringing this matter to our attention. We hope that you will find the information provided helpful in responding to the concerns raised by the parents of children and youth with ADD. Should you have additional questions regarding this or other issues related to the provision of services to children with disabilities, please do not hesitate to contact me.

Judy A. Schrag
Director
Office of Special Education Programs

[Inquirer's Name Not Provided]

Digest of Inquiry
(May 5, 1992)

• May a school district decline to evaluate a student for special education eligibility based on an attention deficit disorder (ADD) when the student already receives special education services for another disabling condition?

Digest of Response
(September 29, 1992)

Prior Classification Does Not Preclude Evaluation for ADD Eligibility

If a student is suspected of having an attention deficit disorder (ADD) that was not identified at the time of a prior evaluation, and the ADD is potentially severe enough to satisfy the criteria applicable to a category of disability under the IDEA, then the school district must conduct an evaluation to determine whether the student is eligible for additional special education or related services based on the ADD.

Text of Inquiry

I am in possession of a copy of your 16 September 1991 memorandum of Chief State School Officers entitled "Clarification of Policy to Address the Needs of Children with Attention Deficit Disorders within General and/or Special Education."

I am the parent of a multiply handicapped child who is so-identified and receiving special educational services. My [ ] *is visually impaired, legally blind in [ ] right eye and totally* blind in [ ] left eye, who also suffers from developmental delay of prematurity and mild cerebral palsy. [ ]'s mother and I have reason to suspect that [ ] also suffers from Attention Deficit Disorder (ADD). My [ ] has several risk factors for the syndrome, including a sibling already identified with the disorder, prematurity, developmental delay, and others. Relying on your memorandum, we requested our local school district to evaluate our [ ] as possibly being affected by this disorder. Counsel advised our local school district that your memorandum referred only to initial placements and previously unidentified handicapped children. According to counsel's opinion the local school board was thus under no obligation to identify and evaluate our [ ] for a possible additional handicapping disability, specifically ADD, since [ ] had already been identified as a handicapped child due to [ ] visual impairment and was already receiving special educational service.

The title of your memorandum suggests that the opinion of counsel upon which the school board is relying in refusing to perform this evaluation on an already identified handicapped child may be erroneous. Is it possible for your office to clarify the requirements with respect to identifying children handicapped by ADD when they already have been identified as suffering from an identified handicap? Thank you for your attention to this matter.

Text of Response

This is in response to your correspondence dated May 5, 1992, directed to my attention. You requested that this Office clarify the requirements of Part B of the Individuals with Disabilities Education Act (Part B) with respect to identifying children suspected of having attention deficit disorder (ADD) when they already have been identified under Part B as a child with disabilities.

Your letter indicates that you requested that your local school district evaluate your [ ], who is currently receiving special educational services as a result of a visual impairment and "developmental delay of prematurity and mild cerebral palsy," because you suspect that [ ] may have ADD. Your letter also indicates that counsel [for your local school district] is of the opinion that your local school district is under no obligation to evaluate your [ ] "for a possible additional handicapping disability, specifically ADD, since [ ] had already been identified as a handicapped child due to [ ] visual impairment and was already receiving special educational service."

Under Part B, state and local educational agencies (SEAs and LEAs) have an affirmative obligation to evaluate all children who are suspected of having a disability and, as a result, of needing special education and related services.' 34 C.F.R. §§ 300.128 and 300.220. The evaluation must be performed prior to the initial placement of the child in a special education program. 34 C.F.R. § 300.531. For children who are currently receiving special education and/or related services, reevaluations must be performed: (1) every three years; (2) more frequently than every three years if conditions warrant; and/or

(3) at the request of the child's parent or teacher. 34 C.F.R. § 300.534(b).

Part B sets forth requirements which must be followed in evaluating children who are suspected of having a disability. *See*, 34 C.F.R. § 300.532. These procedures apply to initial evaluations and reevaluations. *See*, 34 C.F.R. §§ 300.531 and 300.534(b). The procedures found at 34 C.F.R. § 300.532 include the requirements that SEAs and LEAs insure that:

> (b) [t]ests and other evaluation materials include those tailored to *assess specific areas of educational need* . . .
>
> (e) [t]he evaluation is made by a multidisciplinary team or group of persons, including at least one teacher or other specialist *with knowledge in the area of suspected disability* . . . and
>
> (f) [t]he child is assessed in *all areas related to the suspected disability* . . .

34 C.F.R. § 300.532(b), (e), and (f) (emphasis added).

The regulations, as stated above, require that the evaluation of the child be tailored to the suspected disability. Thus, if a child is suspected of having a disability that was not identified at the time of a prior evaluation, the child must be evaluated to determine whether the child has a disability for which additional special education and related services are needed.

It is not clear from your letter whether your local school district has refused to evaluate your [ ]. However, if your local school district has refused, or refuses, to initiate or change the identification, evaluation or educational placement, or provision of a free appropriate public education (FAPE) to your child, they must give you written notice. 34 C.F.R. § 300.504(a)(2). Further, you or the public agency may initiate a hearing if either of you disagrees with the public agency's proposal or refusal to initiate or change the identification, evaluation or educational placement of the child, or the provision of FAPE to the child. 34 C.F.R. § 300.506.

Further, under Part B, you have the right to obtain an independent educational evaluation (IEE) of your child. If you disagree with an evaluation obtained by your local school district, you have the right to obtain the IEE at public expense. However, the public agency may initiate a hearing to show that its evaluation is appropriate. 34 C.F.R. § 300.503(b). If the IEE is obtained at private expense, the results of the evaluation "must be considered by the public agency in any decision made with respect to the provision of a free appropriate public education to the child." 34 C.F.R. § 300.503(c)(1).

I hope that you will find this information helpful. If I can be of further assistance, please let me know.

Robert R. Davila

Assistant Secretary

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[1] Children with ADD are eligible for services under Part B if: (1) their ADD is a chronic or acute health problem causing limited alertness that adversely affects educational performance and, as a result, they need special education and related services; or (2) they satisfy the criteria applicable to another disability category.

APPENDIX G

Comment Form For Draft Document:

Procedures For Child Study Committees Operating In Virginia

Name: _____
Position: _____
LEA/School/Institution/Group: _____
Phone Number: _____

Please return by **October 29, 1993** to:

Harley A. Tomey, III
Department of Education
P.O. Box 2120
Richmond, Virginia 23216-2120

SECTIONS: Introduction, Purpose, Committee Membership

_____ 1. I agree with these sections as written and recommend it be published.

_____ 2 I agree with these sections as written with the following suggested changes prior to publication.

_____ 3. I do not agree with these sections as written and do not recommend it for publication for the following reason(s).

_____

_____

_____

SECTION: Process/Procedures

_____ 1. I agree with this section as written and recommend it be published.

_____ 2 I agree with this section as written with the following suggested changes prior to publication.

_____ 3. I do not agree with this section as written and do not recommend it for publication for the following reason(s).

_____

_____

_____

SECTION: Relationship of the Child Study Committee to Other Existing Programs/Services

_____ 1. I agree with this section as written and recommend it be published.

_____ 2 I agree with this section as written with the following suggested changes prior to publication.

_____ 3. I do not agree with this section as written and do not recommend it for publication for the following reason(s).

_____

_____

_____

SECTION: Student Records and Confidentiality

_____ 1. I agree with this section as written and recommend it be published.

_____ 2 I agree with this section as written with the following suggested changes prior to publication.

_____ 3. I do not agree with this section as written and do not recommend it for publication for the following reason(s).

_____

_____

_____

SECTION: Appendix A through F

_____ 1. I agree with this section as written and recommend it be published.

_____ 2 I agree with this section as written with the following suggested changes prior to publication.

_____ 3. I do not agree with this section as written and do not recommend it for publication for the following reason(s).

_____

_____

_____

Use additional pages if necessary.

Thank you for taking time to comment on this document.

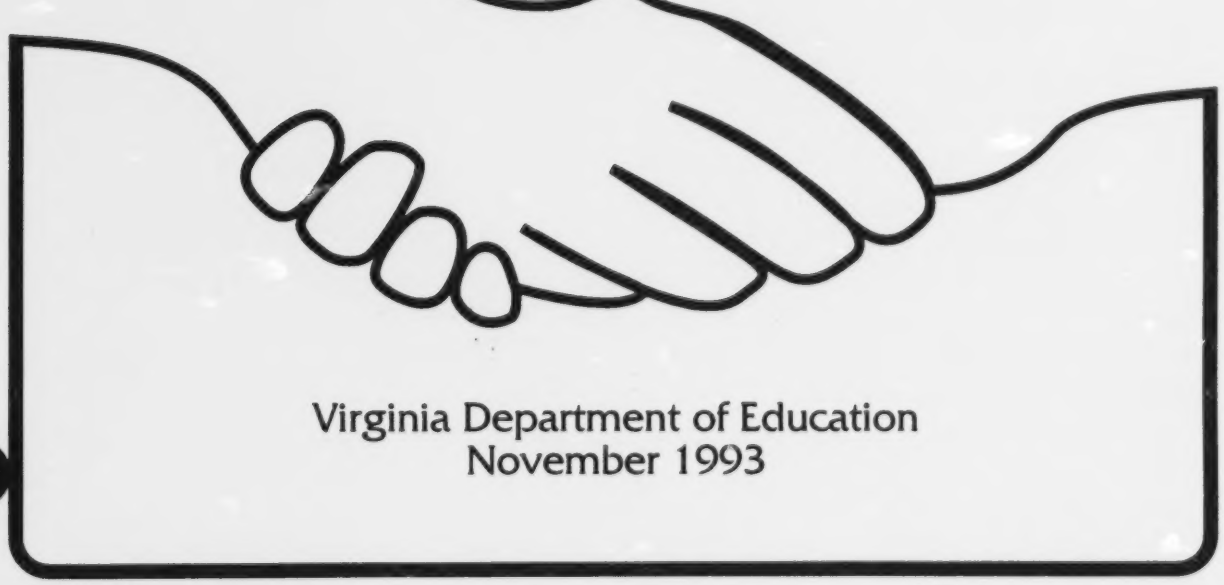
APPENDIX H

Procedures For Child Study Committees Operating In Virginia

Virginia Department of Education

November 1993

Procedures for Child Study Committees Operating in Virginia



Virginia Department of Education
November 1993

Procedures For Child Study Committees Operating In Virginia

Virginia Department of Education
Response to RFP 93-26
November 1993

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PROCEDURES FOR CHILD STUDY COMMITTEES OPERATING IN VIRGINIA

TEAM MEMBERS

Each team member made contributions to the development of this document. However, special thanks goes to Dr. Karen Rooney, Director of the Learning Resource Center, who with input from the team members, developed and edited this document. Dr. Rooney also reviewed and analyzed the comments and suggestions from the field review that resulted in changes and additions that are reflected in this document. Finally, the insights given by the reviews of this document was greatly appreciated.

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INTRODUCTION

In the general sense, "child study" refers to any systematic effort to collect information about a child or group of children and can refer to any number of initiatives in the public school system. This document does not address "child study" as a generic term but refers specifically to the Child Study Committee (CSC) which is required to be in each public school within the Commonwealth of Virginia to assist school personnel in meeting the needs of individual children who are having difficulty in school. Other child study initiatives such as Child Find, Gifted Education and Special Education will be discussed only in their relationship to the Child Study Committee.

Historically, confusion about the purpose, functions and boundaries of the CSC within the context of other existing committees/programs has caused the CSC to function very differently from school to school. Based on observations of Department of Education personnel providing technical assistance in the field, some committees were working as teacher-child assistance teams and others were conducting screenings/evaluations prior to a child being referred for special education eligibility. In response to these concerns, the General Assembly requested that the Department of Education review policy/procedures for Child Study Committees within the Commonwealth of Virginia and review, and revise if needed, the existing document, A Proposal for Child Study in Public School in the Commonwealth of Virginia, which was distributed in November of 1986.

This document, entitled Procedures for Child Study Committees Operating Within the Commonwealth of Virginia, replaces the 1986 document and states the mission of the CSC, clarifies the role of the CSC, and delineates the functions of the CSC from other existing programs and services. This document recommends a process and outlines procedures to operate CSC and is not regulatory.

PURPOSE

The existence of a formal Child Study Committee (CSC) in each school within the Commonwealth of Virginia is required by regulation of the State Board of Education. The CSC provides a school-based mechanism to enable school personnel to meet the needs of individual children within the school who are having difficulty in the educational setting. The committee is child-centered and facilitates a process that results in the implementation of accommodations, services and interventions that will enable the child to be successful in school. The options to be considered exist along a wide continuum of support, ranging from mild accommodation to extensive intervention and may be available within the public school system or located elsewhere in the community.

Children may be referred to the CSC through a variety of sources but the charge to the committee and the process to be followed is a consistent one, regardless of the referral source. Simply stated, when a child is referred to the CSC, the committee has the responsibility to review any problems (academic/developmental, behavioral, social/emotional) interfering with the child's performance in school, to brainstorm solutions, to make recommendations to meet the child's needs, and to monitor/review the results of the recommendations.

COMMITTEE MEMBERSHIP

The CSC is an extremely important, child-centered committee within the school and should be recognized as such by members of the committee as well as other school personnel. In order to be effective, membership must include:

1. the referring source, as appropriate except when the referring source would breach the confidentiality of the student;

2. teachers;

3. the principal or principal's designee; and

4. specialists with expertise in areas such as gifted education, reading, special education, curriculum, Chapter 1, at-risk programs, or pupil personnel services.

It is strongly recommended that committees include the child's parents even if the parent is not the referring source. Other members may be included according to criteria established by the local school or when the special needs of the child identified in the request for assistance to the CSC demand additional information that should be provided by individuals with specialized training or specific knowledge related to the child's problems/needs. Examples of such professionals include (but are not limited to) psychologists, physical therapists, school counselors, occupational therapists, speech/language pathologists, school social workers and medical personnel.

NOTE: A member of the CSC must be knowledgeable about alternative interventions and about procedures required to access programs/services that are available to assist children within the school division and/or community. This may require additional training for staff in general and for CSC members in particular. Caution: If an individual from another service agency, such as Department of Rehabilitative Services or Social Services, is invited to attend and participate in the CSC, then parental consent is required (see section on *Student Records and Confidentiality*).

PROCESS AND PROCEDURES

I. PROCESS

The CSC process is very clear and straightforward. In order to fulfill its role as a problem-solving committee, the members must:

1. analyze problems (e.g., academic/developmental, behavioral, social/emotional) negatively affecting the child's school performance/development by reviewing existing information;

2. generate possible solutions for the identified problems;

3. create a plan for implementation to meet the needs of the child;

4. assist the individuals implementing the plan in any way possible;

5. establish a method to monitor the success of the interventions;

6. appoint a case manager/service coordinator to facilitate implementation and evaluation of the effectiveness of the recommended solutions; and

7. review the child's progress and make adjustments or referrals as needed.

The process is on-going and should be reactivated whenever the program in place is not meeting the child's needs.

II. REGULATORY MANDATES GOVERNING CHILD STUDY COMMITTEES

Certain procedures involving CSC functioning are mandated by Virginia's special education regulations. They are:

1. All referrals to the CSC must be made to the principal or principal's designee.

2. To function, the CSC must have at least three members in attendance.

3. The CSC must meet within 10 administrative working days following the receipt of the referral.

4. Actions by the CSC must be documented in writing and include the information upon which decisions were based.

III. GUIDELINES FOR PROCEDURES FOR INITIAL REQUEST FOR ASSISTANCE FROM THE CHILD STUDY COMMITTEE

Requests for assistance from the CSC may be initiated by any individual who has concerns about a specific child or may be initiated by the child. Typical referring sources are parents, teachers or other school personnel such as principals, school guidance counselors or reading specialists. The process is consistent, regardless of the referring source or the age of the child. The procedures for record review and parent/child contact will allow the principal or the principal's designee to ensure that the composition of the CSC includes the individuals who will be able to address the problems/issues identified in the request for assistance and that sufficient information is available at the time of the meeting for the CSC to take action.

To request assistance from the CSC, the following procedures are recommended:

1. The referring source may request assistance from the CSC at any time during the calendar year. The request may be submitted orally or in writing to the principal or designee and should describe academic/developmental, behavioral and/or social/emotional concerns and document attempts already employed to remedy the problem(s).

2. Upon receipt of the request for assistance and prior to the CSC meeting, the principal or designee reviews the child's educational records, consults with the child's parent(s) or legal guardian if they are not the referring source and, if appropriate, confers with the child. The review of the educational records may include:

    a. a search for information regarding any previous diagnostic evaluations or remedial services;

    b. an examination of health records;

    c. a review of the child's attendance records;

    d. a review of discipline records;

    e. a search for information about school transfers and an effort to assess whether school transfers are relevant to the concerns;

    f. an examination of achievement test scores and grades;

    g. a review of anecdotal records from previous school years;

    h. a review of previous intervention plans;

i. a review of information from community agencies; and

j. a review of teacher narratives or progress reports concerning current classroom functioning.

If the parent(s) or legal guardian is not the referring source, the consultation with the parent(s) or legal guardian may include questions such as:

a. questions designed to determine if the parent(s) or legal guardian shares the concerns identified in the request for assistance from the CSC;

b. questions designed to obtain information about the family functioning which may relate to the concerns;

c. questions regarding the parent(s)' or legal guardian's goals and priorities for the child;

d. questions to determine how school personnel can be helpful to the parent(s) or legal guardian; and

e. questions designed to determine if the parent(s)' or legal guardian's perception of their relationship to the school and its policies.

The date of the parent(s)' or legal guardian's consultation should be noted on the initial request for assistance from CSC and parent responses to the questions should be attached to the request form. If contact is not possible after multiple documented attempts, the CSC meeting should still take place.

If there is a conference with the child, it may include age-appropriate questions such as:

a. questions to determine if he/she likes school or is dissatisfied with school;

b. questions to obtain the child's perception of the areas of concern and how these areas affect school performance; and

c. questions to determine what help the child would request.

The date of the child conference should be noted on the original request form and child's responses should be attached to the request form.

IV. MEETING PROCEDURES

A. Initial Child Study Committee Meeting

Using the problem-solving process, the CSC meeting should follow an agenda that includes:

1. a review of the request for assistance and supporting information;

2. discussion and statement of identified problems in behavioral and measurable terms;

3. discussion of possible causes of identified problems;

4.* the development of an intervention plan which may or may not include referral to other existing programs/services such as Chapter 1, Chapter 2, Gifted Education, and Special Education and Related Services;

5. the development of a method to evaluate the efficiency of the plan;

6. selection of a case manager/service coordinator to facilitate the implementation of the plan; and

7. selection of date for follow-up meeting to assess the efficiency of the plan and make a decision to continue the plan or change the plan.

B. Follow-Up Child Study Committee Meeting(s)

At the follow-up meeting, all relevant information should be reviewed. If the information indicates that the plan is meeting the needs of the child, no further CSC action is needed. If the reports and data indicate that the plan is not meeting the needs of the child, the following actions should be considered:

1. make adjustments in the existing plan;

2. develop a new plan with an appropriate method of evaluation of the efficiency of the new plan;

3.* make a referral to another program/service such as Chapter 1, Chapter 2, Gifted Education and/or Special Education and Related Services; and/or

4. involve community-based supports that *might provide* additional assistance (See section on *Student Records and Confidentiality*).

Additional follow-up meetings should be scheduled if necessary. For example, if a new plan is devised, a follow-up meeting should be scheduled to assess the effectivness of the new plan.

* The CSC **may not** conduct its own evaluations/screenings to make the determination of whether or not a child has a suspected disability. Rather, the CSC should review the existing performance evidence to make that determination. In addition, the CSC **may not** identify a disability. These are issues which may only be addressed through the evaluation process following the referral to the administrator of special education.

RELATIONSHIP OF THE CHILD STUDY COMMITTEE TO OTHER EXISTING PROGRAMS/SERVICES

The CSC is only one of several school- or community-based programs/services that exist to assist children having difficulty in school. The CSC is a problem-solving committee and is in place to facilitate a process that may or may not include referral to another program/service. The CSC is not established as an automatic referral committee or a holding mechanism to circumvent referrals to other programs/services. The committee should refer a child to other programs/services when the referral is appropriate to meet the child's needs. Finally, it is not required that a child go through CSC in order to access other programs/services.

Other existing programs/services within school divisions may include, but are not limited to, the following:

1. **CHAPTER 1 PROGRAMS:** Chapter 1 programs provide supplemental instruction for students identified as educationally deprived (achievement below expected levels) and may include before and after school programs, summer school programs and staff development. The use of Chapter 1 funds is determined by the local school division and will vary from school division to school division. Eligibility is determined by documentation showing educational deprivation. Each Chapter 1 program will have its own selection criteria, procedures and personnel or it may be organized in such a way that the CSC serves this function and reviews referrals, identifies needs and develops plans of action. Where selection of students for Chapter 1 programs is separate from CSC, the CSC may make a referral to Chapter 1 programs and, if eligible, the CSC and the Chapter 1 personnel should work collaboratively in addressing the needs of the student (20 U.S.C. §2701, 34 Code of Federal Regulations Part 75 et al.).

2. **CHAPTER 2 PROGRAMS:** Chapter 2 programs provide supplemental funds to foster federal, state and local partnerships for school improvement. These funds may be used by local school divisions in seven areas of targeted assistance. The seven educational and instructional areas are:

    a. meet the needs of students at-risk of school failure or dropping out of school;

    b. acquire instructional and educational equipment to improve instruction;

    c. carry out school-wide improvement, including the effective schools process;

d. provide programs of professional training and development;

e. implement programs to enhance student achievement;

f. enhance school climate including gifted and talented programs, technology education, early childhood, youth suicide prevention, and community education programs; and

g. provide training for teachers and counselors of early childhood reading programs.

Each school division determines the targeted area(s) to receive the funds. As a part of the student's intervention plan, the CSC should refer students to those Chapter 2 programs which provide services to students if the student meets the criteria of the targeted program area. The CSC and Chapter 2 personnel should work collaboratively in meeting the needs of students (20 U.S.C. §2911(a), 34 Code of Federal Regulations Part 76 et al.).

*3. **FAMILY ASSESSMENT AND PLANNING TEAMS**: The Comprehensive Services Act for At-Risk Youth and Families created a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youth and their families. Within communities, teams of professionals will be meeting together to plan inter-agency services for certain youth and their families. The local Family Assessment and Planning Team, comprised of staff from the local school division, health department, community services board, court service unit, and social services agency, as well as a parent and a private provider, has the responsibility for assessing the strengths and needs of troubled youth and families and identify and determine the complement of services required to meet their unique needs.

The procedures for referral to the Family and Assessment Planning Team are set by the local Community Policy and Management Team. The membership of this team reflects the same agencies, with a parent and a private provider; the Superintendent or designee represents the local school division.

Many of the children and youth served in the public schools require the services of multiple agencies. Students referred to the CSC may have a history with other agencies and every effort should be made to coordinate the efforts of the CSC and the Family Assessment and Planning Team for students served by both groups. At a minimum, information should be shared across groups (see section on *Student Records and Confidentiality*) but it would be beneficial if a member of one group could participate in the meeting of the other group.

In some instances, the CSC may be of the opinion that a certain student may benefit from multi-agency services and may be eligible for referral to the Family Assessment and Planning Team. If this is the case, the CSC should contact the education representative of the Community Policy and Management Team to determine the local policy and procedures for referrals to the Family Assessment and Planning Team, as well as policies for allowing CSC and the Family Assessment and Planning Team to meet simultaneously (§2.1-753 etc. Code of Virginia, 1992).

*4. **GIFTED EDUCATION PROGRAMS:** Each school division has a uniform procedure for screening and identifying gifted students. This determination is made by an Identification/Placement Committee which may operate at the school or division level. The committee is comprised of a professional who knows the student along with gifted education program staff, a school administrator and others deemed appropriate. The purpose of this committee is the identification of gifted students. The committee follows the school division's uniform procedures for the identification of gifted students and also provides an appeal process. The CSC should refer to the Identification/Placement Committee if the committee agrees that the student may be gifted and in need of differentiated and appropriate instructional services. (§22.1-253.13:1 Code of Virginia, 1988 as amended; Regulations Governing Educational Services for Gifted Students, 1986, amended 1993).

*5. **PROGRAMS FOR PERSONS AT-RISK, (PPAR)**: In 1990, the Virginia General Assembly passed legislation to improve the delivery of services to students identified as at-risk for educational failure in the Commonwealth: Programs for Persons At-Risk (PPAR) §22.1-279.2 Code of Virginia (1990) as amended. According to this legislation, the intent of the PPAR legislation is to provide "a safety net for at-risk students by ensuring the delivery of prevention, intervention, and retrieval services" to assist students in returning to productive school activities.

The Board of Education's plan for implementation of PPAR is currently being developed. The inter-agency and inter-disciplinary nature of PPAR suggests that teams will meet to address the needs of at-risk students. Once developed, these teams may have their own identification procedures which reviews referrals, identify needs, and develops plans of action. Where these teams operate separately from the CSC, the CSC may make a referral to these teams when appropriate and they should work cooperatively. The CSC and these teams for students at-risk may meet simultaneously as allowed under CSC and PPAR procedures and under applicable confidentiality regulations. (See section on *Student Records and Confidentiality*)

NOTE: The Board of Education will solicit support to fund the PPAR plan during the 1994-1996 biennium of the Virginia General Assembly since funding is required prior to its implementation.

*6. **SPECIAL EDUCATION AND RELATED SERVICES UNDER THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA), AND SECTION 504 OF THE REHABILITATION ACT OF 1973 (SECTION 504):** If the CSC suspects that a student has a disability that may require special education and related services, then the CSC must refer the student to the administrator of special education for initiation of the evaluation process. Through the evaluation process, a determination is made regarding whether or not a student has a disability and is eligible under IDEA for special education and/or related services. A student may also qualify for special education and related services under Section 504. At no time may the CSC use interventions to delay the referral for initiation of the evaluation process once the determination of a suspected disability is made; however, interventions should be provided, as needed, to assist the student while the student is being evaluated.

When the CSC receives a referral requesting an evaluation to determine whether or not the student is eligible (under IDEA) and/or qualified (under Section 504) for special education and/or related services, then the CSC must make a decision. If the CSC suspects a disability, it must refer the child to the administrator of special education for the initiation of the evaluation process.

If the CSC determines, however, that it does <u>not</u> suspect that the student has a disability, then it may refuse to refer the student for the initiation of the evaluation process. At this time, the parent must be notified in writing of the decision not to initiate the evaluation process and be given a full explanation of the procedural safeguards to include the parent(s)' right to request a due process hearing on the matter of the refusal by the school division to initiate the evaluation process.

The CSC **may not** conduct its own evaluations/screenings to make the determination of whether or not a student has a suspected disability. Rather, the CSC should review the existing performance evidence to make that determination. In addition, the CSC **may not** identify a disability. These are issues which may only be addressed through the evaluation process following the referral to the administrator of special education.

Finally, if the student is not found eligible under IDEA and/or qualified under Section 504, then the CSC should review the assessment information and determine any modifications that may need to be made in the student's intervention plan (*IDEA*: 20 U.S.C.

§1400 et seq.;34 Code of Federal Regulations Part 300 and 301; §22.1-213-221 Code of Virginia, 1950 as amended; Regulations Governing Special Education for Handicapped Children and Youth in Virginia, effective July 1,1990, amended 1991; proposed Regulations Governing Special Education Programs for Children with Disabilities in Virginia, effective January 1994; *Section 504*: 29 U.S.C. §794, 34 Code of Federal Regulations Part 104).

7. **STUDENT ASSISTANCE PROGRAMS:** Student Assistance Program models and services vary widely but usually emphasize prevention and early intervention with students who use or are at high risk to use alcohol and other drugs. Some programs are "broadbrush" and address other risk issues. The Student Assistance Program may have its own identification procedures and personnel or it may be organized in such a way that the CSC serves as the student assistance "core team" which reviews referrals, identifies needs, and develops plans of action. Where the Student Assistance Program operates separately from the CSC, the CSC may make a referral to the Student Assistance Program when appropriate and they should work cooperatively. The CSC and the Student Assistance Team may meet simultaneously as allowed under CSC procedures and under applicable confidentiality regulations related to alcohol and drug abuse (see section on *Student Records and Confidentiality*).

8. **TEACHER ASSISTANCE TEAMS (TAT):** Teacher Assistance Teams provide support and collaboration for teachers who request assistance in matters related to general classroom issues, instruction or curriculum. The purpose of the TAT is the provision of support to teachers. The CSC should make a referral to the TAT when teacher-related, curriculum or instructional issues are identified as factors in the student's difficulties or are issues included in the student's intervention plan.

   Teacher Assistance Teams may have their own rules/identification procedures and may be a separate committee or a CSC that has been appropriately modified.

9. **OTHER PROGRAMS AND SERVICES:** Other programs and services exist in specific school systems or schools but are not state-wide initiatives. These programs/services should be utilized as resources by the CSC whenever appropriate to meet the needs of the student. If the CSC makes a referral to other programs/services, those programs/services may have their own rules or identification procedures and may be a separate committee or a CSC which has been appropriately modified.

In addition to school-based programs, community resources may be recommended by the CSC whenever appropriate. Community resources may include but not be limited to the organizations listed in Appendix E.

NOTE: Whenever other programs/services are involved with the CSC, every effort should be made to allow the personnel to work collaboratively and meet simultaneously, keeping in mind the confidentiality requirements when such collaboration is possible. If a student is referred to another program/service and is found to be ineligible for that program/service, the student should be referred back to the CSC for further deliberation and/or action to try to meet the student's needs as identified in the request for assistance from the CSC. If more specific information about an existing program/committee is needed, the local school representative should be consulted.

* Required by federal or state laws.

STUDENT RECORDS AND CONFIDENTIALITY

The Family Educational Rights and Privacy Act of 1974 (20 U.S.C. §1232g) and Code of Virginia, Title 22.1, Chapter 14, Article 5, establishes student and parental rights with regard to student records. These statutes require that student records be kept confidential, that parents be allowed access to their children's educational records, and that parents be allowed to challenge information kept in their children's records under certain circumstances. Students who are eighteen years of age or older have all rights granted to parents.

Members of the CSC should know these statutes and their detailed implementing regulations, which are found in 34 code of Federal Regulations Part 99 and in the Virginia Board of Education's regulations, Management of the Student's Scholastic Records (1989).

Student educational records are defined as those records that are directly related to a student and maintained by an educational agency or institution (local school division or school) or a party acting for the local school division. This means any information recorded in any way, including, but not limited to, handwriting, print, tape, film, microfilm, and microfiche. Excluded from the definition are records of instructional, supervisory, and administrative personnel and educational personnel ancillary to those persons that are kept in the sole possession of the maker of the record, and are not accessible or revealed to any other person except a temporary substitute for the maker of the record.

Both the federal and state regulations address to whom information contained in a student's records can be disclosed. "**Disclosure**" is defined as permitting access to or the release, transfer, or other communication of educational records, or the personally identifiable information contained in those records, to any party, by any means including oral, written, or electronic means. Personally identifiable information from a student's record may not be disclosed without parental consent unless the federal and state regulations allow such disclosure. "**Personally identifiable information**" means (i) the name of the student, student's parents, or other family members; (ii) the address of the student; (iii) personal identifier, such as the student's social security number or student number; (iv) a list of personal characteristics which would make it possible to identify the student with reasonable certainty; or (v) other information which would permit reasonably certain identification of the student.

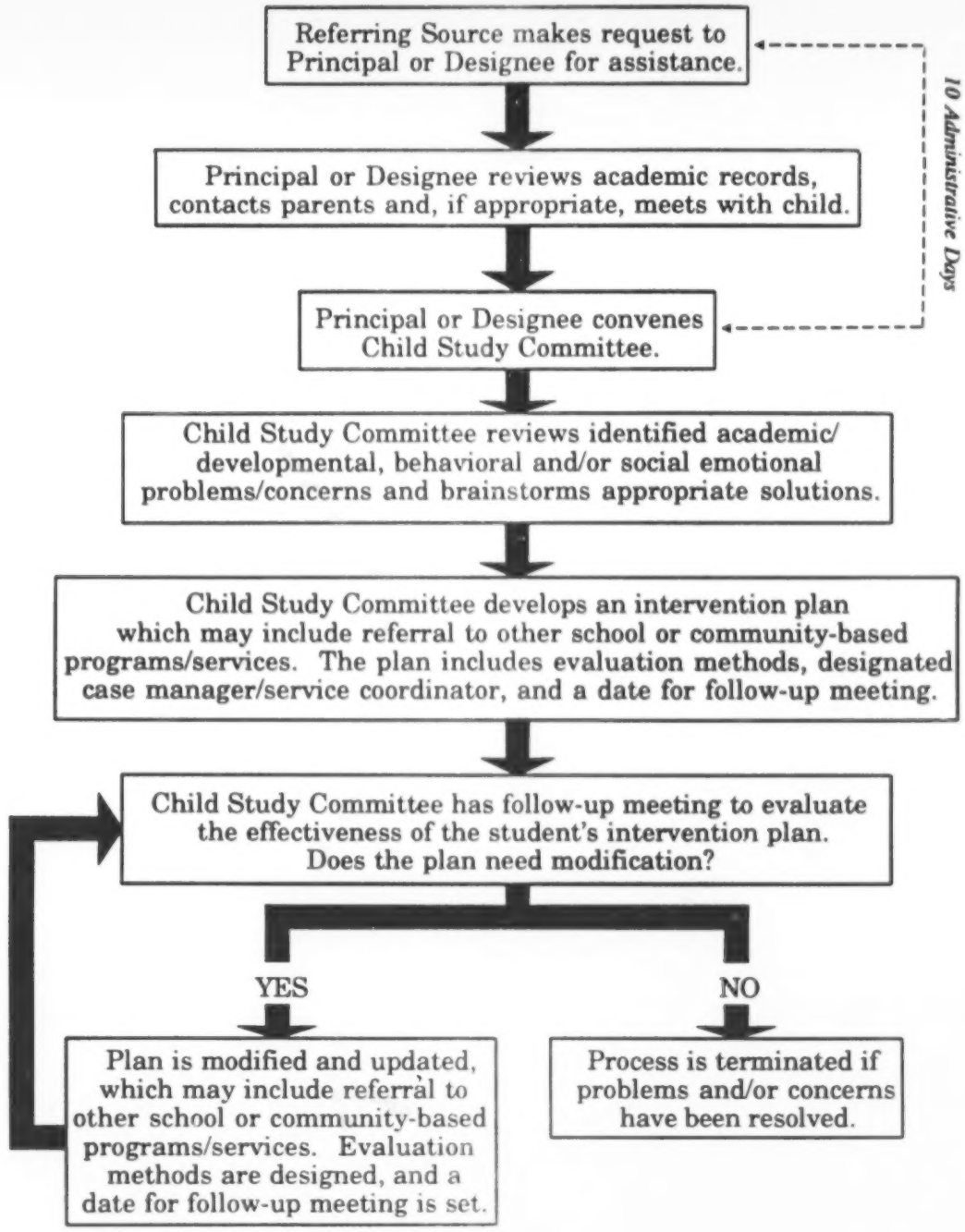
If the CSC is composed only of professional personnel within the school or school division, including teachers, parental consent is not required prior to disclosure of personally identifiable information from the student's records to members of the committee. However, unless an applicable exception can be found in the regulations, if representatives from other agencies are present at the CSC meeting, prior written parental consent must be obtained before information from the child's records can be discussed or otherwise disclosed with the CSC. CSC members who obtain information shall protect the confidentiality of such information. It should not be shared with other professionals in the school or school division unless those persons are determined to have legitimate educational interests in the student.

It is also important for the CSC to be aware that there are two federal laws and corresponding regulations (42 U.S.C. §290 dd-3 and ee-3; 42 C.F.R. Part 2) that guarantee the strict confidentiality of persons receiving alcohol and other drug services from a federally-assisted program including treatment or rehabilitation programs, programs within general hospitals, school-based programs, and private practitioners who hold themselves out as providing, and provide alcohol or drug abuse diagnosis, treatment or referral for treatment.

Except under certain limited circumstances, these laws protect any information about a student if the student has applied for or received any alcohol or other drug-related services--including diagnosis, treatment or referral for treatment--from a covered program. The restrictions on disclosure apply to any information, whether or not recorded, that would identify the student as an alcohol or other drug user, either directly or by implication. Disclosure includes communicating patient identifying information, affirmative verification of another person's communication of any patient identifying information, or the communication of any information from the record of a patient who has been identified.

Child Study Committees should have available to them copies of all the laws and regulations related to confidentiality.

CHILD STUDY COMMITTEE PROCESS


Referring Source makes request to Principal or Designee for assistance.
10 Administrative Days
Principal or Designee reviews academic records, contacts parents and, if appropriate, meets with child.
Principal or Designee convenes Child Study Committee.
Child Study Committee reviews identified academic/ developmental, behavioral and/or social emotional problems/concerns and brainstorms appropriate solutions.
Child Study Committee develops an intervention plan which may include referral to other school or community-based programs/services. The plan includes evaluation methods, designated case manager/service coordinator, and a date for follow-up meeting.
Child Study Committee has follow-up meeting to evaluate the effectiveness of the student's intervention plan. Does the plan need modification?
YES
NO
Plan is modified and updated, which may include referral to other school or community-based programs/services. Evaluation methods are designed, and a date for follow-up meeting is set.
Process is terminated if problems and/or concerns have been resolved.

NOTE: Additional intervention/evaluation plans are developed as needed and a follow-up meeting is set after each modified plan has been developed in order to evaluate the student's progress.

DATE RECEIVED BY PRINCIPAL OR DESIGNEE
___/___/___

COMPLETED BY REFERRING SOURCE

APPENDIX A

(Sample Form)

CHILD STUDY COMMITTEE
INITIAL REQUEST FOR ASSISTANCE

Student's Name: _____ Date of Birth: __/__/__

Referring Source's Name: _____

Relationship to Student: _____ Date Completed: __/__/__

Grade: _____ Age: _____ School: _____

Subject Area(s) of Concern (if appropriate): _____

Directions: List the academic/developmental, behavioral, and social/emotional problems and/or concerns you have about the student in the chart below and any attempts including interventions and teacher/parent involvement that have been made to resolve these problems and/or concerns. Please number each problem or concern separately. (Use back of the form if necessary)

Problems/Concerns	Attempts at Resolution (give dates)

Signature of referring source or of person completing this form if this request is made orally or by phone:_____

NOTE: Submit this request to the principal or designee.

Problems/Concerns	Attempts at Resolution (give dates)

(Sample Form) **APPENDIX B** **COMPLETED BY PRINCIPAL OR DESIGNEE**

CHILD STUDY COMMITTEE
INITIAL REQUEST FOR ASSISTANCE
RECORDS REVIEW AND CONTACTS BY PRINICPAL OR DESIGNEE

Student's Name: _____ Teacher: _____

Address: _____ Phone: _____

Referring Source's Name: _____ Student ID #: _____

Parent's Name: _____

Grade: _____ School: _____

___/___/___ Date Initial Referral Received By Principal or Designee

___/___/___ Date of Initial Child Study Committee Meeting

Directions: The following information is completed after a request for assistance is received and prior to the Child Study Committee meeting.

I. REVIEW OF EXISTING EDUCATIONAL RECORDS AND DATA:

_____ yes _____ no Previous evaluations and assessments (Category I and II records)
If yes, attach or summarize data:

_____ yes _____ no Significant health data (Category I and II records)
If yes, describe:

_____ good _____ poor Attendance records
If poor, explain:

_____ yes _____ no Discipline records
If yes, summarize data:

_____ yes _____ no School transfers
If yes, list and give date(s) of transfer:

Review of Achievement Scores/Summary

Reading: Writing: Other:

Math: Spelling:

Review of Current Grades and Classroom Performance

Classroom Assignments:

Homework Assignments:

Notebooks:

Portfolio:

Projects:

Tests/Quizzes:

Typical anecdotal comments from previous reports (including report cards):

Note: Reviewing classroom observation information may be helpful.

II. PROCEDURAL STEPS:

1. __/__/__ Date of Parental Contact
   ___ yes ___ no Summary of contact attached.

2. __/__/__ Date of Student Meeting (if appropriate)
   ___ yes ___ no Summary of meeting attached.

3. List appropriate members needed to be present for the Child Study Committee meeting to review the identified academic, behavioral, and social/emotional problems and/or concerns.

   Referring Source: _____

   Principal/Designee: _____

   Teacher(s): _____

   _____

   Specialist(s): _____

   _____

   Others: _____

(Sample Form)

APPENDIX C

COMPLETED BY CHILD STUDY COMMITTEE

CHILD STUDY COMMITTEE INITIAL MEETING

Student's Name: _____ Student ID #: _____

Referring Source's Name: _____

Case Manager/Service Coordinator: _____

___/___/___ Date Initial Referral Received By Principal or Designee

___/___/___ Date of Initial Child Study Committee Meeting

___/___/___ Date for Follow-up Review by the Child Study Committee

CHILD STUDY COMMITTEE MEETING PROCEDURES:

1. List the academic/developmental, behavioral, social/emotional problems and/or concerns stated on the request for assistance on the worksheet below.

2. Identify and list possible causative factors for each problem and/or concern.

3. Brainstorm any possible solutions and/or interventions for each identified problem and/or concern and record the selected solutions and/or interventions in the appropriate column on the worksheet. This includes identifying referral(s) to any other services and/or programs.

4. List the method to be used to monitor the success of each solution and/or intervention on the worksheet.

5. Appoint a case manager/service coordinator and record name/position on the worksheet.

6. Set date for follow-up review by Child Study Committee and record the date in the appropriate space at the top of this page.

WORKSHEET/MINUTES			
Problems/Concerns	Possible Causes	Solutions	Method to Monitor

WORKSHEET/MINUTES Cont.			
Problems/Concerns	Possible Causes	Solutions	Method to Monitor

Summary of information upon which the decisions are based:

CHILD STUDY COMMITTEE SIGNATURES:

Referring Source: _____

Principal/Designee: _____

Teacher(s): _____

Specialist(s): _____

Others: _____

(Sample Form)

APPENDIX D

COMPLETED BY CHILD STUDY COMMITTEE

CHILD STUDY COMMITTEE FOLLOW-UP MEETING

Student's Name: _____ Student ID #: _____

Referring Source's Name: _____

Case Manager/Service Corrdinator: _____

___/___/___ Date Initial Referral Received By Principal or Designee

___/___/___ Date of Follow-Up Child Study Committee Meeting

___/___/___ Date of Next Follow-Up Child Study Committee Meeting

CHILD STUDY COMMITTEE FOLLOW-UP MEETING PROCEDURES:

1. Review the previous intervention plan developed by the Child Study Committee.

2. If no adjustments are needed, the committee may decided to continue the intervention plan but terminate the process if the student's problems and/or concerns have been resolved.

3. If adjustments are needed, the committee will identify and list any adjustments that need to be made in the student's intervention plan. This may include referral(s) to other school or community-based services and/or programs.

4. List the method to be used to monitor the success of the adjustments to the student's intervention plan.

5. Set date for next follow-up review by Child Study Committee and record date in the appropriate space above.

WORKSHEET/MINUTES

1. _____ yes _____ no Do adjustments need to be made in the student's intervention plan?

   A. If **yes**, describe below the modification and methods to evaluate the effectiveness of the modifications at the next follow-up review meeting of the Child Study Committee.

Modifications	Method to Monitor/Evaluate

87

Modifications	Method to Monitor/Evaluate

B. If **no**, describe results of the intervention plan and the recommendation(s) of the Committee:

2. _____ yes _____ no Is any type of referral(s) to other school services and/or programs appropriate? If yes, describe below:

3. _____ yes _____ no Is any type of referral(s) to community-based services and/or programs appropriate? If yes, describe below:

Summary of the information upon which these decisions are based:

CHILD STUDY COMMITTEE SIGNATURES:

Referring Source: _____

Principal/Designee: _____

Teacher(s): _____

Specialist(s): _____

Others: _____

APPENDIX E

COMMUNITY RESOURCES

The following list of community resources is not intended to be exhaustive, but to provide the Child Study Committee with a starting point. Some of those listed may or may not be in your area and may have varying eligibility criteria.

STATE GOVERNMENT:

Council on Child Day Care and Early Childhood Programs
(804) 371-8603

Department of Deaf and Hard of Hearing
(804) 225-2570

Department of Education
(800) 292-3820

Governor's Employment and Training Department
(804) 367-9800

Department of Medical Assistance Services (Medicad)
(800) 343-0634

Department of Mental Health, Mental Retardation and Substance Abuse Services
(800) 451-5544

Department of Rehabilitative Services
(800) 552-5019

Department for Rights of Virginians with Disabilities
(800) 552-3964 (Information and Referral)

Department of Social Services
(804) 662-9204

Department for the Visually Handicapped
(800) 622-2155

Department of Youth and Family Services
(804) 371-0700

Virginia Assistive Technology System
(800) 435-8490

Virginia Department of Health (Children Speciality Services)
(804) 786-3691

Virginia State Library for the Visually & Physically Handicapped
(800) 552-7015

Woodrow Wilson Rehabilitation Center
(800) 345-9972

LOCAL GOVERNMENT:

Community Policy Management Teams

Community Services Boards
- Mental Health Services/Programs
- Mental Retardation Services/Programs
- Substance Abuse Services/Programs

Early Intervention Programs

Family Assessment and Planning Teams

Headstart Program

Health Department and Clinics

Job Training Assistance Programs (JTPA)

Juvenile and Domestic Relations Court

Social Services Department

Recreation and Park Programs

Youth Services/Offices on Youth

OTHERS:

Big Brother/Big Sister Programs

Boys Clubs

Camp Easter Seal

Child Development Centers

Children Speciality Services Clinics

Churches and Synagogues

Counseling Services

Hospital Clinics

Mental Health Clinics

Parent Teacher Associations

Private Practioners/Clinics

Recreational/Social Development Groups

Self Help Groups

Support Groups

United Way

University/College Programs

Virginia Literacy Council

YMCA/YWCA

Textbooks on Tape: Recordings for the Blind
Princeton, NJ
(609) 452-0606

APPENDIX F

INTERVENTION RESOURCES

The following references contain information on interventions and strategies that may be useful to the Child Study Committee as it looks at developing an intervention plan to address the academic/developmental, behavioral, and social/emotional problems of students. This is only a partial listing.

Barkley, R. A. (1981). Hyperactive children: A handbook for diagnosis and treatment. New York: Guilford Press.

Beck, Ray. Project RIDE. Responding to Individual Differences in Education. Longmont, Colorado: Sopris West Inc.

Bos, C.S. & Vaughn, S. (1991). Strategies for teaching astudents with learning and behavior problems. Boston: Allyn & Bacon.

DeBran, Jadern, Larson. (1989). You Can Handle Them All. The Master Teacher, Inc.

Garber,S.W., Garber, M.D. & Spizman, R.F. (1990). If your child is hyperactive, inattentive, impulsive, distractible. New York: Villard Books.

Goldstein, S. & Goldstein, M. (1990). Managing attention disorders in children. New York: John Wiley & Sons.

Mercer,C.D. & Mercer, A.R. (1993). Teaching students with learning problems. New York: Merrill Publishing Company.

McCarney, Stephen B., Cummins, Kathy K. (1988). The Pre-Referral Intervention Manual. Columbia, Mossouri: Hawthorne Educational Services.

Osman, B.B. (1982). No one to play with. New York: Randon House.

Wallace, G. (Ed.). (1989). Study Skills (Special Issue). Academic Therapy, 24 (4).

JOURNALS

The following is a partial listing of journals that may contain interventions that may be useful to the Child Study Committee.

Exceptional Children

Intervention

Journal of Learning Disabilities

Journal of Reading

Journal of Special Educaiton

Remedial and Special Education

Teaching Exceptional Children

APPENDIX G

INFANTS, TODDLERS AND PRESCHOOLERS AND THE CHILD STUDY COMMITTEE

Procedures for CSC for children below mandatory school age follow the same CSC process and procedures for school-age students. As with school age-students, a request for assistance may be made by any individual who has concerns about a child. Again requests may be submitted orally or in writing.

Since parents are frequently the referring source for infants, toddlers and preschoolers, school administrators need to be aware that some parents may be calling for information while others are making a referral for evaluation and consideration of eligibility for early childhood special education services. If this is a request for special education and related services, the procedures described on page 12 under *Special Education and Related Services Under IDEA and Section 504* should be followed. Parents should be informed at the initial contact that this request for assistance (often referred to as "a referral") may result in a review by the CSC and/or a referral for a full evaluation to determine eligibility for special education and related services. All parental contacts should be documented for reference.

Issues Related to Requests for Assistance for Infants and Toddlers Not Receiving Part H Services Under IDEA

School divisions are not permitted to refuse a request for assistance (referral) just because a child is below age two. Virginia special education regulations regarding child find state that "Each local school division shall maintain an active and continuing child find program designed to identify, locate, and evaluate those children from birth to 21, inclusive, who are in need of special education and related services."

School divisions must participate in the development of local interagency agreements which detail responsibility for child find below age two. If the responsibility for receiving requests for assistance rests with another local entity, it is the responsibility of the local school division to refer the parent or referring source to the appropriate entry point, or to accept the request on behalf of the Part H system in accordance with the local interagency agreement. All requests should be documented for reference.

Issues Related to Requests for Assistance for Toddlers Who Are Transitioning from Part H Services Under IDEA

Virginia regulations require that children who are two on or before September 30 of the school year and who meet Part B eligibility criteria under IDEA receive special education and related services. It is the responsibility of the local Part H system to refer two year old children to determine eligibility for special education and related services in a timely manner to the special education

administrator. Timely referrals enable school officials to determine eligibility and, if eligible, develop IEPs prior to the start of the school year. Therefore, referrals from a Part H provider to determine eligibility for special education and related services should be made by April 1 unless local interagency procedures and agreements reflect other timelines which result in the completion of the process prior to the opening of school; however, referrals received after April 1 still need to be processed according to state special education regulations. It is the responsibility of the school division to accept referrals, determine eligibility, develop an IEP (if eligible), and begin services in accordance with dates identified in the IEP.

Toddlers receiving Part H services under IDEA may not need to be referred to the CSC because the child is already known to have a disability and developmental assessment information already exists. Thus, the child may be referred directly to the special education administrator to begin the eligibility process for special education and related services without going through the CSC.

Issues Related to Requests for Assistance for Preschoolers Not Enrolled in Public School or Other Programs

Requests for assistance for preschoolers not enrolled in public school services may require the collection of information in order for the CSC to determine if they suspect a disability and then make a referral to the special education administrator for evaluation to determine eligibility for special education and related services. Since the child is not enrolled in school or in early intervention services, insufficient information about the child's development may exist. In this circumstance, information including anecdotal information from the parent or other sources may be collected prior to the meeting of the CSC.

The CSC may **not** utilize any individual evaluation and/or screening instruments in order to determine if a child needs to be referred for special education and related services. However, the school division may schedule regularly occurring mass screenings (e.g., monthly, every other Friday) and a recommendation of the CSC may be that the child participate in the next regularly scheduled mass screening with a scheduled follow-up by the CSC; however, the school division must adhere to the timelines for convening the CSC following a request for assistance. Participation in a mass screening is not considered an individual evaluation and/or screening, even if only one child participates, as long as the mass screening is routinely scheduled and available to all children residing in the locality.

If the CSC suspects the child has a disability, the CSC must refer the child to the special education administrator for evaluation to determine eligibility for special education and related services.

Child Study Committee Following Mass Screening

As a part of their child find efforts, some local school divisions routinely hold mass screening or "child checks" in which a large number of children may be screened, using the same instruments, during a brief one or two day period. A large number of requests to the CSC may result. In this situation, timelines for CSC still apply.

Issues Related to Requests for Assistance for Preschoolers Enrolled in Public School or Other Programs

Requests for assistance for preschoolers enrolled in Chapter 1, Even Start, school-based Head Start, or other public school early childhood programs should be handled in the same manner as requests of assistance for school-aged students.